



Government of
Saskatchewan

**Annual Report
For the Year
Ending March 31, 1987**

**Saskatchewan
Health**

3475 Albert Street
Regina, Saskatchewan
S4S 6X6

Letters of Transmittal



Saskatchewan Health

George McLeod

To the Honourable F. W. Johnson
Lieutenant Governor of Saskatchewan

May It Please Your Honour:

I am pleased to submit this report on the activities of Saskatchewan Health for 1986-87.

During the year, the Department continued to meet the challenges presented in providing health care for the 1980s.

Taking advantage of new technology to better meet the needs of the Saskatchewan public is a challenge the government welcomes. This past year, the Department worked with Regina and Saskatoon hospitals to bring six new CT scanners into the province. These scanners assist doctors in diagnostic procedures that would otherwise often require tests or surgery for the patients involved.

Although technology offers great relief for mankind, we cannot forget that health care is provided by people for people. This year was the first year of the Patient Care Fund, a five-year program designed to enrich staffing levels in hospitals and special care homes to enhance bedside care.

However, because health care must not be limited to large institutions, the Department expanded community health services to include the new Community Therapy program. This program will provide better access to occupational and physical therapy services for residents of rural communities.

While providing a broad spectrum of health care services, the Department continued its capital program for hospitals and special care homes. In 1986-87, construction began on 15 special care homes and integrated facilities, and 20 new projects to expand and renovate hospitals got under way.

Throughout 1986-87 Saskatchewan Health met the challenge of ensuring the delivery of quality health care services to the people of Saskatchewan. The Department's commitment to excellence will continue in the years ahead.

George McLeod



Saskatchewan Health

To the Honourable George McLeod
Minister of Health

Sir:

I have the honour to present herewith for your consideration the Annual Report to Saskatchewan Health for the fiscal year ending March 31, 1987.

Respectfully submitted,

Walter Podiluk
Deputy Minister

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Table 1: Saskatchewan Health Services Expenditures, 1984-85 to 1986-87, by Saskatchewan Health, Health Commissions and the Cancer Foundation

Program	Total Expenditure			Percentage Distribution
	1984-85	1985-86	1986-87	1986-87
Total	\$1,027,315,764	\$1,101,876,356	\$1,236,151,438	100.0
A. Ordinary Expenditures	\$ 997,766,488	\$1,060,826,356	\$1,165,203,593	100.0
Saskatchewan Hospital Services Plan (1)	462,050,006	484,032,539	520,763,526	44.7
Saskatchewan Medical Care Insurance Commission	177,000,000	188,855,000	209,066,000	17.9
Grants to Special-care Facilities	141,127,806	152,703,538	172,533,301	14.8
Grants and Allowances for Home Care	17,038,114	19,569,014	23,627,441	2.0
Saskatchewan Prescription Drug Plan	56,934,958	67,606,000	82,633,923	7.1
Mental Health Services Branch	29,038,412	28,826,635	29,084,968	2.5
Saskatchewan Dental Plan	17,853,415	17,877,970	17,485,059	1.5
Community Health Services (2)	17,806,609	17,445,446	19,027,136	1.7
Saskatchewan Cancer Foundation	15,116,495	16,357,600	17,211,250	1.5
Grants to Health Agencies (3)	13,157,076	15,080,273	16,661,823	1.4
SADAC	7,129,519	7,252,786	10,093,540	.9
Provincial Laboratories	3,971,884	4,092,284	4,508,315	.4
Saskatchewan Aids to Independent Living	3,952,568	4,237,015	4,783,691	.4
Saskatchewan Hearing Aid Plan	1,971,670	2,058,313	1,896,121	.2
Northern Health Services	4,645,085	5,149,111	4,654,810	.4
Ambulance Services (4)	5,757,370	6,056,883	7,853,336	.6
Lakeside Home — Wolseley	1,654,844	1,641,585	1,913,271	.2
Administrative and Support Services	21,560,657	21,984,364	21,406,062	1.8
	\$ 997,766,488	\$1,060,826,356	\$1,165,203,593	100.0
B. Capital (5)	\$ 29,549,276	\$ 41,050,000	\$ 70,947,845	—

(1) Includes Payments under the Hospital Revenue Act

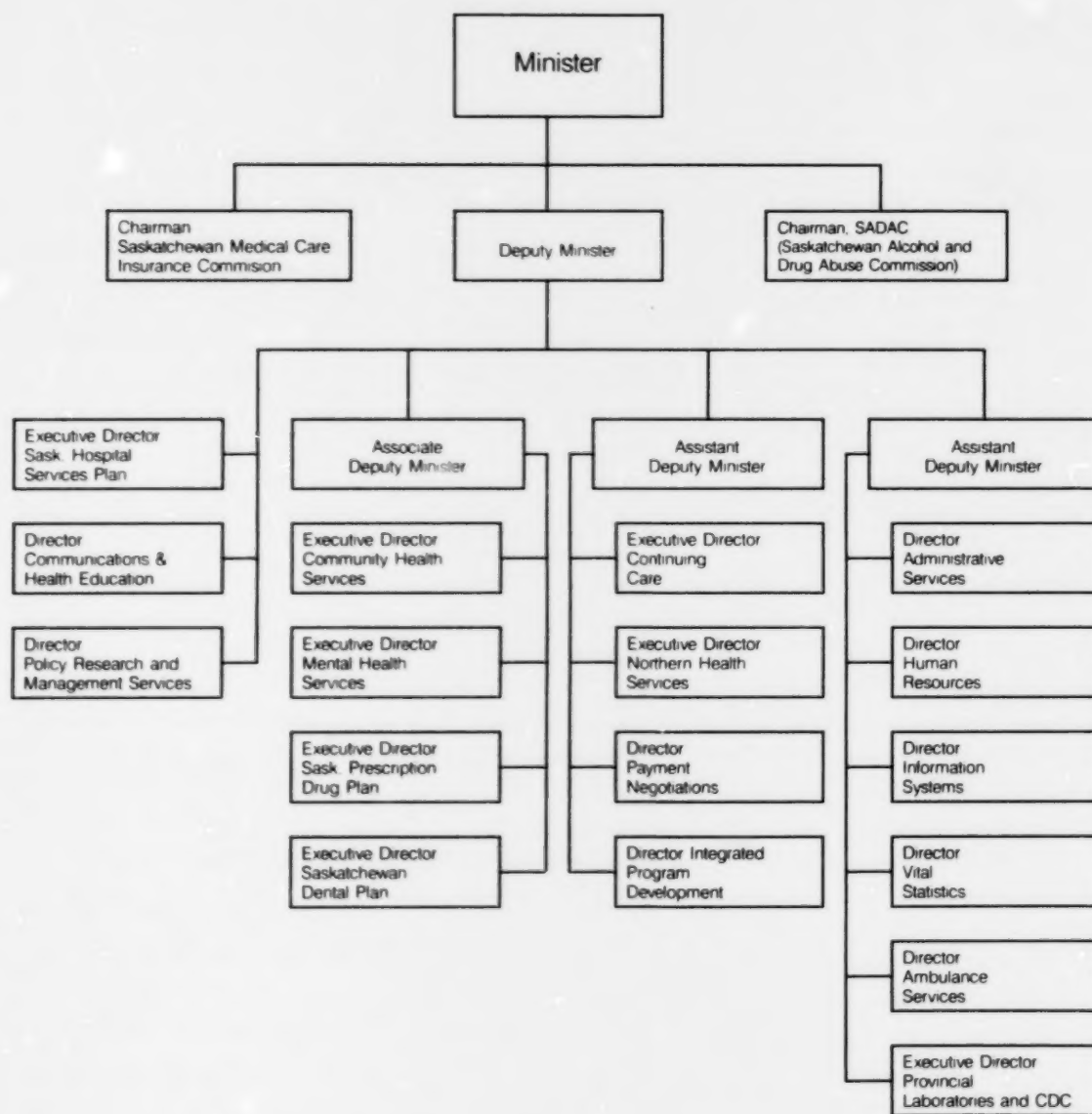
(2) Includes Community Health Services and Communicable Disease Control

(3) Includes Grants to City Health Departments and Other Health Agencies Grants in Assistance of Clinical Services provided by the Medical Education System. Grant to the Saskatchewan Health Research Fund and Grants for Mental Health Services

(4) Includes Grants to Ambulance District Boards, and charges for Air Ambulance Services

(5) Includes Project loans advanced through the Saskatchewan Property Management Corporation

Figure 1: Saskatchewan Health Organization Chart



March 31, 1987

Mission of Saskatchewan Health

Our mission is to help Saskatchewan residents enjoy the best possible health by promoting health and by ensuring the provision of preventive, treatment, rehabilitative and support services.

We are guided in this mission by the following principles:

Responsibility	Residents are to be encouraged to take an active, responsible role regarding their health and their use of services.
Accessibility	Services are to be accessible to the greatest extent practical.
Quality	Services are to be high quality.
Caring	Services are to be provided sensitively, with respect for the dignity and rights of consumers and health care providers.
Cost Effectiveness	Services are to be provided by the most cost effective means available.
Consultation	Effective dialogue and co-operation between health care professionals, interest groups, the public, government departments and agencies and Saskatchewan Health are essential.

1. Community Health Services

Objectives

The prime objective of the branch is to raise and/or maintain the health status of Saskatchewan residents through protection and promotion activities. To meet this challenge the branch works towards a number of primary goals which, broadly stated, are:

- to increase public awareness and understanding of the factors influencing health and to foster the adoption of lifestyles which promote optimum well-being
- to maintain a healthy environment by identifying actual or potential environmental health hazards and applying effective control methods
- to prevent, reduce or modify the course of various communicable and non-communicable diseases
- to identify individuals who have, or are at risk of developing, specific health or developmental problems in order to initiate early intervention and remediation
- to assist in the maintenance of, and restoration to, a maximum level of independence for physically handicapped and chronically disabled individuals.

1986-87 Highlights

- The Community Therapy Program was implemented October 1, 1986, to provide a comprehensive level of physiotherapy and occupational therapy to rural Saskatchewan residents.
- The review of the SAIL Program was completed and a comprehensive report with recommendations was presented to the Deputy Minister.
- The Chiropractic Program review was completed.
- The Speech and Language Pathology Program review was completed.

Organization

The role of the Community Health Services Branch is to promote and protect the health and well-being of individuals and families in the community. To fulfill this role, the branch provides and administers a large number of health programs to Saskatchewan residents through a network of health regions, Saskatchewan Aids to Independent Living (SAIL) depots and Saskatchewan Hearing Aid Plan (SHAP) clinics throughout the province. Services available to the health region population include communicable disease control, health education, maternal and child health, nutrition, sanitation, chiropractic, physical and occupational therapy. The branch provides financial assistance in the form of grants to various health care organizations whose services complement those of

the branch, including the health departments in Regina and Saskatoon.

For purposes of administration and delivery of community-based health programs, the province is divided geographically into 10 health regions which cover all areas excluding Regina, Saskatoon and the area administered by the Northern Health Services Branch.

The central co-ordinating office is in Regina. This office is responsible for the overall operation, administration and co-ordination of community-based services and activities. It also provides central consultative and support services to the regions.

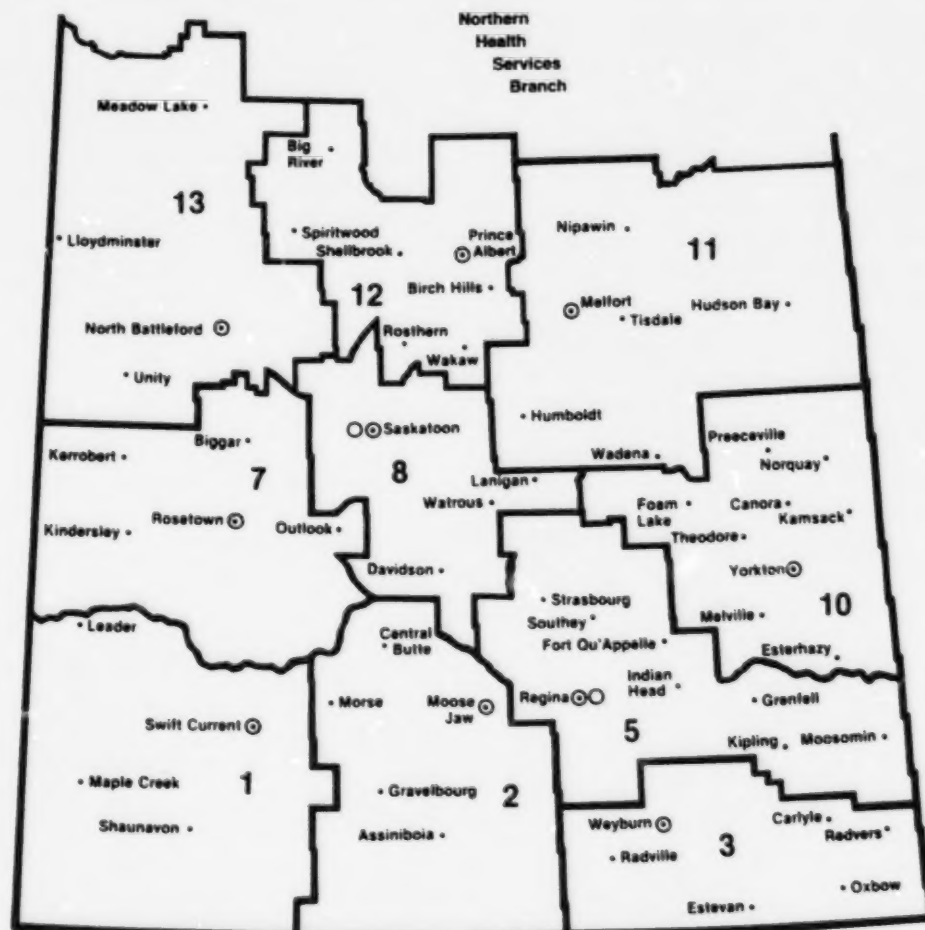
Each health region is divided into health districts

which are organized into District Health Councils consisting of an elected representative from each city, town, village and rural municipality. In turn, one or more delegates from the District Health Councils are elected to the Regional Board of Health. The board has a number of statutory duties which include reviewing the health region budget, reviewing annual activity reports of the medical health officer, informing local authorities of policies and services of the region and serving as an advisory body to the medical health officer and Minister of Health.

Community health programs are developed according to department policies modified to meet the needs of the population served. Administration of health programs in each region is the responsibility of the medical health officer and/or health region administrator, who generally supervise the activities of public health nurses, public health inspectors, early childhood psychologists, speech and language pathologists, chiropractors, nutritionists and community therapists.

Services are available at the local level through a number of regional and district offices.

Figure 2. Health Regions



Key for Health Regions:

- No. 1 Swift Current (48,760)
- No. 2 Moose Jaw-Assiniboia-Gravelbourg (69,234)
- No. 3 Weyburn-Estevan (52,290)
- No. 5 Regina Rural (75,666)
- No. 7 Rosetown-Biggar-Kindersley (42,014)

- No. 8 Saskatoon Rural (49,256)
- No. 10 Yorkton-Melville (81,776)
- No. 11 Melfort-Tisdale (74,059)
- No. 12 Prince Albert (80,818)
- No. 13 North Battleford (94,308)
- Regina City (176,231)
- Saskatoon City (178,361)

Note: Population served is given in parentheses - SHSP Covered Population at June 30, 1986 including Registered Indians and excluding Northern Saskatchewan.

The population shown for North Battleford Health Region 13 includes the Alberta side of Lloydminster City (10,587).

- ⊙ Regional Office
- District Office
- City Health Office

June 30, 1986

Other Branch Programs

Audiologists and audiological technicians provide Saskatchewan Hearing Aid Plan (SHAP) services to all Saskatchewan residents through two main clinics in Regina and Saskatoon.

There are also full-time clinics in Yorkton, Moose Jaw and Prince Albert. In addition, there are regularly scheduled community-based clinics in the other health regions and in northern Saskatchewan.

Two primary depots in Regina and Saskatoon provide services of the Saskatchewan Aids to Independent Living (SAIL) Plan with sub-depots established in the health regions as well as in La Ronge and Uranium City.

The Medical Services Division of central office administers the payment of accounts for non-insured health services to persons nominated by Social Services for the Supplementary Health Program.

Activities and Services

Community-Based Services

Public Health Nursing

Objective — To provide a family-centred community-based program designed to promote healthful living at every stage of life.

Direct service is delivered by 142 Public Health Nurse I's and 10 Public Health Nurse II's, working from 58 offices in 10 health regions. One Regional Nursing Supervisor in each region manages the programs provided by her staff. The Director and three Public Health Nurse Consultants, located in central office (Regina), work closely with regional nursing supervisors in taking prime responsibility for

provincial program planning and evaluations, as well as other administrative and consultative duties.

Prenatal and child health services include immunization, screening, teaching and counselling in home and classroom settings. Other services include postnatal home visits, child health conferences and school health services. These services are provided through health appraisals, screening programs, teaching, counselling, referral and liaison services.

Table 2: Immunization by Public Health Nurses,
Saskatchewan Health Regions, 1985-86 and 1986-87

Vaccine	Total		Infants		Preschool		School Children		Adults	
	1985-86	1986-87	1985-86	1986-87	1985-86	1986-87	1985-86	1986-87	1985-86	1986-87
Total	139,703	147,138	54,094	50,556	56,656	53,949	26,218	39,996	2,735	2,637
D.P.T.*	48,865	47,281	26,875	24,861	21,990	21,349	—	1,071	—	—
D.T.**	13,161	18,055	357	355	1,418	962	10,948	16,166	438	572
Oral Polio	62,062	66,067	26,862	25,281	23,512	22,178	11,311	18,223	377	385
M.M.R.***	11,474	11,802	—	—	9,614	9,418	1,853	2,371	7	13
Mumps	196	66	—	—	75	9	112	46	9	11
Measles										
(Rubeola)	102	33	—	—	47	1	55	32	—	—
Rubella	1,912	1,553	—	—	—	4	1,903	1,528	9	21
Others	1,931	2,281	—	59	—	28	36	559	1,895	1,635

* Diphtheria, Pertussis, Tetanus

** Diphtheria, Tetanus

*** Measles, Mumps, Rubella

Table 3: Selected Public Health Nursing Statistics,
Saskatchewan Health Regions, 1985-86 and 1986-87

	Total		Infants		Preschool		School Children		Adults		Other***	
	1985-86	1986-87	1985-86	1986-87	1985-86	1986-87	1985-86	1986-87	1985-86	1986-87	1985-86	1986-87
Child Health Conference												
Attendance	76,098	76,067 +	31,311	12,241	44,787	19,675	—	—	—	—	—	44,151
Immunizations	139,703	147,138	54,094	50,556	56,656	53,949	26,218	39,996	2,735	2,637	—	—
DDST*	43,721	40,743	15,313	15,876	28,408	24,867	—	—	—	—	—	—
School Programs												
Teacher Nurse Conference	10,400	3,531	—	—	—	—	10,400	3,521	—	—	—	—
Students seen	43,512	51,673	—	—	—	—	43,512	51,673	—	—	—	—
Education Programs												
- students attending	12,249	14,562	—	—	—	—	12,249	14,562	—	—	—	—
Discussion with parents of students	8,780	8,598	—	—	—	—	8,780	8,598	—	—	—	—
Home Visits												
- Prenatal	1,700	1,406	—	—	—	—	—	—	1,700	1,406	—	—
- Postnatal	7,561	6,759	—	—	—	—	—	—	7,561	6,759	—	—
- Special**	6,297	6,087	—	—	—	—	—	—	—	—	6,297	6,087
- Communicable disease	2,486	506	—	—	—	—	—	—	—	—	2,486	506
- Other	8,784	9,088	—	—	—	—	—	—	—	—	8,784	9,088
Referrals	9,084	9,896	—	—	—	—	—	—	—	—	9,084	9,896
Group education meetings	578	627	—	—	—	—	—	—	—	—	578	627
Prenatal Classes												
Women enrolled	3,487	3,192	—	—	—	—	—	—	3,487	3,192	—	—
Attendance	11,766	11,503	—	—	—	—	—	—	11,766	11,503	—	—
Men enrolled	2,977	2,764	—	—	—	—	—	—	2,977	2,764	—	—
Attendance	9,581	9,653	—	—	—	—	—	—	9,581	9,653	—	—

* Denver Developmental Screening Test

** Includes SAIL, mentally ill, physically disabled, mentally disabled

*** Unidentified Age Groups

+ CHC Attendance: 12,241 (Infant Mar-Aug/86) + 19,675 (preschool Mar-Aug/86) + 44,151 (Apts seen Sept/86-Mar/87) = 76,067

Public Health Inspection

Objective — To safeguard public health and safety endangered by physical, chemical and biological hazards. Services include educational programs, consultation, inspection of facilities and enforcement of regulations under The Public Health Act. Regular inspections are carried out on apartment blocks, bakeshops, barber and beauty culture establishments, abattoirs, hotels and motels, mobile home parks, plumbing and drainage systems, public eating establishments, sawmill, lumber and mining camps, swimming pools, tourist accommodations, and milk pasteurization plants.

Other areas of responsibility include shoreland pollution control, general sanitation, and abandoned refrigerators.

Inspections relating to food are directed at food manufacturing operations, storage facilities, transportation systems and retailing operations. Inspections are also carried out for a wide variety of conditions in institutions, retail stores, recreation areas, etc. Inspection and consultative services are

also provided to other agencies. These agencies include schools, hospitals, intensive livestock operations, day care centres, special-care homes and approved homes. Microwave ovens in commercial establishments are also checked regularly for Occupational Health and Safety Division, Saskatchewan Labour.

Public health inspectors monitor all public non-municipal water and sewage treatment facilities to reduce the risk of water or sewage-borne disease. All private sewage systems, especially those located in environmentally sensitive locations such as shoreline areas, are inspected during construction and upon request.

Public health inspectors enforce regulated standards for site planning of offensive trades and provide assistance to other government agencies in monitoring various emissions and in performing field inspections.

To ensure that public facilities are free from physical,

chemical or biological hazards, this branch regularly and continuously monitors public accommodations, residential facilities and personal service establishments. Such monitoring ensures compliance with minimum standards of ventilation, sanitary facilities, water supplies, waste disposal, and insect, rodent and vermin control.

Each year public health inspectors conduct two major training courses:

1. The Saskatchewan National Sanitation Training Program for food service workers is taught throughout the province. Since 1974, approximately 9,000 food service workers have completed this course successfully.
2. A course for swimming pool operators, covering various aspects of water treatment and pool management. Since 1975, more than 2,000 certificates have been issued.

Table 4: Number of Facilities and Actual On-Site Visits or Inspections, Public Health Inspection Services, Saskatchewan Health Regions, 1985-86 and 1986-87

Type of Activity	Number of Facilities		Number of Field Visits		Number of Formal Inspections	
	1985-86	1986-87	1985-86	1986-87	1985-86	1986-87
Eating establishments	2,563	2,763	4,022	4,056	2,816	2,827
Food distribution	1,294	1,308	805	609	707	624
Food processing	270	292	307	322	206	206
Liquor outlets	619	641	817	657	559	546
Communal water system	1	1	71	43	—	—
Private water supply	—	—	343	313	—	—
Public water supply	385	392	187	215	138	180
Communal sewerage systems	3	2	74	30	—	—
Private sewerage systems	—	—	1,170	1,171	—	—
Public sewerage systems	3	20	88	30	3	6
Solid waste disposal	—	—	159	145	—	—
Liquid waste transport	3	—	8	8	—	1
Hospitals	122	121	83	74	49	74
Schools	744	743	153	132	119	133
Institutions	441	465	165	212	230	280
Housing	—	—	1,130	1,055	—	—
Mobile home parks	108	108	143	110	89	84
Trailer courts	52	35	68	66	29	30
Hotels	464	466	388	431	476	478
Motels	216	217	139	111	225	219
Industrial facilities	13	12	77	64	11	9
Swimming pools	256	272	985	967	298	342
Agricultural facilities	—	—	152	160	—	—
Personal service facilities	628	649	183	175	236	202
Recreational facilities	925	1,016	1,041	1,058	561	603
Public facilities	274	320	378	391	66	108
Plumbing	—	—	4,836	5,115	—	—
Investigations	—	—	726	787	—	—
Total	9,384	9,843	18,698	18,507	6,818	6,952

Nutrition Services

Public health nutritionists provide educational and consultant services to health professionals, community leaders and groups, and members of the public. The purpose is to encourage individuals to make food choices which will help them to achieve and maintain good health. This ranges from nutrition for optimum growth in pregnancy and childhood to reduction of risk of heart disease, diabetes and cancer in the adult years.

During 1986-87, the public health nutritionists were involved in:

- Prenatal and infant nutrition education — The health of mother and child is affected by prenatal nutrition, breastfeeding, and infant feeding practices.

- Nutrition programs for children — There is a nutrition section in the new Preschool Core Services Program. Workshops and resources have been offered to teachers with particular emphasis on the new Division III Health Curriculum.
- Nutrition programs for adults — Workshops for leaders of weight control groups continued to be very popular. A number of Home Care Districts were provided with in-service for their staff.
- Media programs — The public health nutritionists write weekly columns for distribution to newspapers throughout the province. They also provide information through radio and television.
- Publications — Some of the demand for nutrition information is met through pamphlets and other resource material.
- Community programs — Nutritionists also participate as guest speakers, panelists, and seminar organizers in community programs.

Table 5: Nutrition Services,
Saskatchewan Health Regions
1985-86 and 1986-87

Activity	1985-86	1986-87
Group Discussions, workshops (attendance)	317 (6,113)	308 (7,373)
Radio/television materials	132	123
Weekly newspaper articles	76	65
Other media materials	159	83
Clients counselled	202	288
Clients screened	283	151
Consultations re: clients	93	302
Consultative services to staff, health professionals, etc.	4,800	4,774

Early Childhood Psychology Services

Objective — The Early Childhood Psychology program promotes the health and well-being of the preschool population within the family setting. Developmental and learning disabilities in the preschool population are a primary focus and include cognitive, self-help, social-emotional, fine-motor, gross-motor, language, information processing and attention span problems, with primary focus on intervention at the earliest possible age.

The Early Childhood Psychologist provides diagnostic evaluation and/or assessments of all children referred by:

- the Public Health Nurse from the developmental screening of the preschool core services program,

- the Speech and Language Pathologist,
- other Community Health Services Branch personnel, and
- members of the community or other professionals.

They also provide follow-up services as necessary.

Consultation services are provided to other professionals, agencies and individuals on issues related to growth and development of preschool children.

Public education activities are provided to increase awareness of parents concerning the development of preschool children.

The Early Childhood Intervention Program local committees, composed of concerned parents, work closely with the Early Childhood Psychologist. Developmental assessment, short-term guidance, counselling and therapy are provided through co-ordination with the Health Region Early Childhood team.

Speech and Language Pathology Services

Objective — To identify and intervene with communication disorders as early as possible, through public education, diagnostic services, therapeutic services, counselling and consultative services. Speech-language pathologists offer services to people experiencing a delay or disruption in their ability to communicate orally, in terms of articulation, language, fluency or vocal quality. The delay or disorder may or may not be organically-based and can occur in isolation or in conjunction with other disabilities.

Most services are delivered in the health region's central and district health offices. Although preschool children are the priority, limited service is also provided to school-aged children and adults.

Table 6: Speech-Language Pathology
Caseload by Age Group
Comparison, Saskatchewan
Health Regions,
March, 1986 and March, 1987

	March 1986		March 1987	
	#	%	#	%
Preschool	1,392	89	1,619	91
School Age	47	3	12	1
Adult	125	8	146	8
Total:	1,564	100	1,777	100

Chiropody Services

Chiropody deals specifically with problems of the human foot by medical, mechanical and minor surgical means. Services are provided at 10 main chiropody clinics and 23 satellite locations throughout the province.

**Table 7: Chiropody Program
Caseload, Saskatchewan
Health Regions
1985-86 and 1986-87**

	1985-86	1986-87
New Patients	8,280	7,086
Return Patients	31,718	35,073
Total Patient Services:	39,998	42,159
Active Caseload	11,231	14,011
Number of orthotics fitted	485	409

The service is primarily directed towards the elderly. However, all age populations have access to the service upon referral from their family physician, public health nurse or home care nursing co-ordinator.

Any Saskatchewan resident with a valid health services card is eligible to receive professional services at no charge. Where special footwear or orthotics are required, these are charged to the patient at the actual purchase price.

Chiropodists are also actively involved in providing educational and instructional services to health professionals, community groups and members of the general public upon request.

Community Therapy Services

Objective — To provide a comprehensive level of physiotherapy and occupational therapy service to rural Saskatchewan residents.

This program, implemented October 1, 1986, will, when fully operational, provide services to residents of 130 rural communities.

The community therapist offers service to rural hospitals, rural special care homes, community health agencies, community groups and individuals in their homes.

The Community Therapy program focuses on treatment, consultation and education. Education includes patient/family education, teaching and advising other health care professionals or care givers and health promotion activities.

**Table 8: Community Therapy,
Saskatchewan Health
Regions, 1986-87**

Services (October 1, 1986 to March 31, 1987)		
	Number	Per cent
A. Services		
Total treatments	8,922	100.0
In-patient	1,715	19.2
Out-patient	5,786	64.9
Special-care Homes	951	10.7
Home Care	350	3.9
Developmental Centres	103	1.1
E.C.I.P.	17	0.2
B. Health Education/		
Promotion		404 hours
Education to nursing staff (hospitals, Special-care homes, Home Care)		338 hours
Health Promotion-general public		66 hours

Saskatchewan Hearing Aid Plan

Objective — To provide comprehensive audiological and technical support services throughout the province through hearing tests, provision of hearing aids where appropriate and technical support services when required.

There is no direct charge for hearing tests to Saskatchewan residents. Hearing aids, batteries and related accessories are sold at SHAP's direct purchase cost. The average cost of a hearing aid through SHAP was \$175.00 in 1986-87.

Two main clinics in Regina and Saskatoon, full time clinics in Moose Jaw, Prince Albert and Yorkton, and regularly scheduled regional clinics provide services to Saskatchewan residents. Audiologists perform hearing tests on patients of all ages starting as young as three to four months. Audiometric technicians fit hearing aids and provide follow-up services.

SHAP continues to provide FM hearing aids (auditory trainers) to hearing impaired preschool children.

SHAP audiologists maintain an ongoing working relationship with Saskatchewan Education, local school boards, hearing consultants, the School for the Deaf, preschool habilitation programs, speech-language pathologists, public health nurses and a variety of medical sources.

Repair service is available for hearing aids purchased from SHAP or from other sources. Minor repairs are provided free of charge, while major repairs are done at a reasonable cost. Loaner aids are available at no charge to the patient.

In September and October 1986, SHAP conducted a provincial hearing screening program designed to reduce a portion of the adult waiting list. Using public health nurses, trained and supervised by audiologists, a total of 795 additional patients received basic hearing assessments and follow-up counselling. The screening resulted in a 16 percent discharge rate from the total provincial waiting list.

Table 9: Saskatchewan Hearing Aid Plan Services, 1985-86 and 1986-87

Service	1985-86	1986-87
Total	26,892	29,101
Audiological evaluations	8,104	7,644
Hearing aid evaluations	3,455	3,720
Hearing aid checks	1,647	2,216
Drop-in services	13,686	15,521

Saskatchewan Aids to Independent Living Plan

Objective — To provide aids and services to the handicapped and disabled residents of Saskatchewan.

Saskatchewan residents who possess a valid Saskatchewan Health Services Card and who are referred to the plan by certain health professionals are eligible for registration with the SAIL program.

Program administration, repair services and long-term equipment loans are handled through the primary SAIL depots in Regina and Saskatoon. In addition, a network of equipment sub-depots deliver short-term equipment loan services to rural and northern residents.

An internal review of the SAIL Program was conducted in 1986-87 and a report was submitted to the Deputy Minister.

In 1986-87 SAIL continued to deliver the following services to Saskatchewan residents.

Universal Equipment Services:

- wheelchairs, ambulatory aids, environmental aids and respiratory equipment on a free-loan basis for as long as required,
- cost coverage for the manufacture and repair of prosthetic and orthotic appliances which were manufactured at the approved provincial workshops, and,
- preventive maintenance and repair services for both SAIL and privately-owned equipment at no cost to the individual.

Special Benefits Services:

In addition to these universal equipment services, the SAIL Plan administers the Special Benefits programs for individuals who are handicapped or disabled because of specific diseases. SAIL services include:

- cost coverage of disease-related non-formulary drugs (including the prescription dispensing fee),
- cost coverage of disease-related medications and supplies,
- specialized equipment required by the blind and
- specialized equipment not included under the universal program.

Three standing committees, the SAIL Advisory Committee, the SAIL Equipment Sub-Committee, and the Visual Equipment Committee, provide advice and direction on program policies and service delivery, and assessment of new technology and equipment.

Table 10: Saskatchewan Aids to Independent Living Plan Services, 1985-86 and 1986-87

Equipment group	Equipment issues	
	1985-86	1986-87
Total	31,150	35,645
Wheelchairs	2,922	3,385
Other mobility aids	5,740	6,596
Environmental aids	18,128	20,400
Respiratory equipment	3,552	4,474
Other equipment	808	790

Central Services

Medical Services Division

The Medical Services Division administers the payment of accounts for non-insured health services to people who Saskatchewan Social Services nominates to the Supplementary Health Program. Beneficiary classifications include Saskatchewan Assistance Plan beneficiaries, government wards, inmates of correctional institutions and non-recipients of social assistance benefits 65 years and older, who are in Level 2, 3 or 4 special-care homes or long-term hospital care, and whose income is at or below the Saskatchewan Income Plan level.

**Table 11: Medical Services Division
Beneficiaries and Cost of
Services* 1985-86
and 1986-87**

	1985-86	1986-87
Beneficiaries	66,809	66,213
Total Cost	\$3,282,940	\$4,046,810
Physician Services	111,230	120,540
Drugs/Medical supplies	1,098,440	1,406,140
Optical Services	647,730	645,040
Medical Transport	1,425,540	1,875,090

* Excludes Administrative costs

Benefits

Beneficiaries are provided with a health services card and a supplementary health card. The health services card entitles beneficiaries to all benefits of the universal health programs.

The supplementary health card further entitles beneficiaries to the following comprehensive range of non-insured services.

Medical Services

Medical Services pays for non-insured third-party medical examinations requested by Saskatchewan Social Services. These examinations are to determine level of required nursing care, rehabilitation potential or employability.

Dental Services

Coverage includes preventive, restorative, exodontic, orthodontic and prosthetic dentistry but does not include payment for services that are available to children under the Saskatchewan Dental Plan. Payments are made on the basis of a schedule negotiated with the College of Dental Surgeons of Saskatchewan.

Drug and Appliance Services

Three plans provide Supplementary Health Program drug benefits.

Plan One — All beneficiaries may obtain the following prescribed drugs without charge: insulin, oral hypoglycemics, injectable vitamin B12, birth control pills, allergenic extracts and products used in megavitamin therapy. All formulary drugs were made available to Plan One beneficiaries at a reduced prescription charge.

Plan Two — In addition to the benefits under Plan One, the beneficiary may receive, without charge, any prescribed drug on the Saskatchewan Prescription Drug Plan formulary. All persons under 18, rehabilitation cases, unmarried mothers,

transients and individuals with unusually high drug requirements are eligible for Plan Two.

Plan Three — In addition to the benefits under Plans One and Two, the beneficiary may receive most non-formulary drugs without charge. This coverage is granted to residents in nursing and approved community homes, child wards and provincial correctional inmates.

Medical Services pays the full cost of most medical supplies and appliances prescribed by a physician which are not benefits under the SAIL Plan.

Optical Services

MCIC pays for refractions as an insured service. Medical Services pays for eyeglasses on behalf of eligible beneficiaries whether provided by an optometrist or ophthalmic dispensary. Payment is made on the basis of laboratory costs plus a dispensing fee. Repairs and dispensing fees are paid according to negotiated payment schedules and there is an upper limit on the amount paid for eyeglass frames.

Medical Transportation

Benefits include coverage for emergency medical transportation by road ambulance and the Saskatchewan Government air ambulance service. On April 1, 1986, payment responsibility for the universal component of the northern Medivac Program was transferred from the Northern Health Services Branch to Medical Services Division. Additional coverage is provided to clients in northern Saskatchewan in the form of long-distance medically related transportation by other types of commercial carrier subject to pre-authorization by local health personnel.

Central Consultative Services

Medical

Objective — To provide expert medical consultation to physicians, public health nurses, medical health officers and other related agencies regarding child health, communicable disease and immunization programs. The medical consultant acts as liaison with other levels of government, community agencies, health professionals, hospitals and the general public.

Activities include providing technical information along with consultation and advice on health and health-related matters, attending public meetings, speaking engagements and conducting educational seminars for branch and other agency staff.

A Medical Advisory Committee provides, to the branch director, medical advice and recommendations on medical issues affecting community health services.

Rheumatic Fever Prophylaxis Program

Penicillin, sulfadiazine or erythromycin is offered to all known sufferers of rheumatic fever as a prophylactic against further streptococcal infection. Antibiotics are continued for a period of five years if no carditis occurs, or for life, if, in addition, rheumatic heart disease is present. Certain groups whose profession puts them at risk, such as nurses and teachers, are continued on the program even if there is no carditis. Currently 539 people are on the program compared to 562 in 1986.

Milk Inspection

This section provides effective public health control of milk-borne disease by monitoring industry adherence to sanitation measures in handling, pasteurizing and distributing milk and milk products.

Under Section 44 of The Public Health Act, milk may not be sold, offered for sale or delivered in a city or town having a population of 1,000 or more unless it has been pasteurized in a plant approved by the Minister of Health. Under provincial legislation, residents may purchase unpasteurized milk directly from a dairy farm for their own use. During 1986-87 only two towns and 16 villages permitted the sale or delivery of raw milk.

A history of milk as a safe food has been established by confidence in pasteurization and reassured by the enforcement of regulations. There have been no reported illnesses attributed to infected pasteurized milk in decades.

Table 12: Compliance to Milk Quality Standards 1985-86 and 1986-87

Milk quality standards	Per cent compliance	
	1985-86	1986-87
Average	95.82	96.02
Standard plate count*	99.07	99.16
Coliform plate count†	97.40	95.85
Phosphatase Test‡	100.00	100.00
Test for inhibitors**	99.97	99.97
Commingle raw milk count††	89.14	94.28

* Less than 30,000 bacteria per millilitre

† Less than 3 coliform bacteria per millilitre

‡ Colour equivalent to less than 1 microgram of phenol per millilitre

** Less than 0.05 units of penicillin per millilitre

†† Less than 300,000 bacteria per millilitre

Administrative Support Services

The central office provides administrative support services such as personnel administration, budget allocation, expenditure control and the development of data collection and reporting systems to regional health programs.

The Administration Division is responsible for co-ordinating the development of the branch budget and establishing procedures for monitoring expenditures and funds, along with the acquisition of necessary materials and supplies.

Staffing

Table 13: Approved Person Year Distribution, Community Health Services Branch, 1985-86 and 1986-87

Organizational Unit	1985-86	1986-87
Total	424.4	419.0
Health Regions	328.1	319.9
Community Therapy*	—	11.0
Health Services Program	7.3	7.0
General Administration	30.3	30.3
Communicable Disease Control**	8.0	—
Saskatchewan Hearing Aid Plan	31.3	31.8
Saskatchewan Aids to Independent Living	19.4	19.0

* Community Therapy program commenced October 1, 1986

** Responsibility to Provincial Laboratories, March, 1986

Finance

Actual revenue and expenditures for 1985-86 and 1986-87 are shown in tables 15 and 16.

**Table 14: Revenue, Community Health Services Branch
1985-86 and 1986-87**

Revenue	1985-86	1986-87
Total	\$1,663,900	\$1,017,440
Public Health Tax Levy*	307,100	307,100
Permits, licences	11,210	9,520
Chiroprody	44,950	45,660
SHAP		
— Hearing aids	607,640	587,170
— Hearing aid batteries	153,840	164,770
— Hearing aid moulds	37,690	41,000
— Hearing aid repairs	72,670	88,560
— Third party recoveries	101,730	117,100
— Auditory trainers	5,430	4,980
— Hearing aid accessories	14,530	14,000
SAIL		
— Commodity sales	35,660	28,440
— V.R.D.P.**	271,450	(390,860)***

* The Public Health Levy is collected and deposited by Saskatchewan Revenue and Financial Services

** Vocational Rehabilitation: Other Disabled Persons

*** Overpayment from previous years

**Table 15: Expenditure, Community Health Services Branch
1985-86 and 1986-87**

Distribution	1985-86		1986-87	
	Expenditure	Per cent	Expenditure	Per cent
Total	\$25,663,150	100.0	\$26,388,280	100.0
Health Regions	11,137,700	43.4	11,516,550	43.7
Community Therapy*	—	—	244,410	0.9
Medical Services Division	3,580,860	14.0	4,254,360	16.1
General Administration	1,441,670	5.6	1,653,580	6.3
Grants to other health agencies	1,922,380	7.5	2,039,570	7.7
CD/VD**	1,285,210	5.0	—	—
SHAP	2,058,310	8.0	1,896,120	7.2
SAIL	4,237,020	16.5	4,783,690	18.1

* Program introduced October 1, 1986

** Responsibility transferred to Provincial Laboratories, March, 1986

2. Northern Health Services Branch

Objective

The Northern Health Services Branch has, as its mandate, the provision of all health services to

residents of the Northern Administration District through a wide range of programs and services.

1986-87 Highlights

- The Branch was able to recruit a physiotherapist who fills a much needed service to all northern communities.
- A new children's dental clinic was opened in mid 1986 in Pelican Narrows staffed by visiting dental teams from Creighton (Sandy Bay).
- Improved physician services to northern residents were provided under a contract with the Northern Medical Services Unit of the University of Saskatchewan. The number of days in which physicians were available for patients was increased.

Organization and Administration

Headquartered in La Ronge, the Northern Health Services Branch provides a full range of services to residents of Northern Saskatchewan. In some communities a clinic may be staffed by resident health care professionals; in others, services are provided by regular visits from travelling service delivery personnel.

In those communities where full-time clinics are maintained, the clinic usually offers all or part of the following disciplines:

- acute care or public health nursing,
- community mental health nursing,
- public health inspection,
- dental therapists and dental assistants,
- visiting physicians and dentists on a regular basis,
- clerical and administrative support.

Services and Activities

Public Health Inspection

Objective

To safeguard and improve public health and safety standards in northern Saskatchewan through educational programs, consultation, inspection of facilities and enforcement of regulations under The Public Health Act.

Services

During the year, public health inspectors conducted

a total of 353 inspections covering food and general sanitation. A total of 135 plumbing permits were issued and a total of 271 operating permits for tourist camps, campgrounds, mobile home courts, motels, institutional camps, hotels and public eating establishments were issued.

Public health inspectors conducted and/or assisted with a number of educational programs including the National Sanitation Training Program which saw 171 food service workers successfully complete the course.

Table 16: Formal Inspections — Northern Health Services Branch

Area	Food Control		General Sanitation		Total	
	1985-86	1986-87	1985-86	1986-87	1985-86	1986-87
West Side	63	70	102	89	170	159
Central	56	38	48	47	104	85
East Side	60	33	104	76	164	109
Total	184	141	254	212	438	353

Table 17: Field Visits — Northern Health Services Branch

Facility Type	1985-86	1986-87
Food Control	470	358
Private Water & Sewage Systems	151	252
Housing related	249	223
Tourist & Industrial Camps	743	157
Plumbing	153	228
Other	165	117
Total	1,931	1,335

Dental Program

Objective

To provide dental treatment to non-treaty children between the ages of three and 17 inclusive and to adults on an emergency basis through a regular program of services.

To provide identical services to enrolled treaty children on a fee-for-service basis with charge-back to the Department of Indian Affairs and Northern Development.

To provide a level of service within the North more equitable with that provided in the South.

To improve the dental health of northern people substantially through treatment and education programs.

Staffing and Organization

From one dentist and one dental team in 1973-74, the program has expanded to its present staffing level of:

- 1 dental director
- 1 supervising dentist
- 1 administrative officer
- 8 dental therapists
- 9 dental assistants

Dental teams are located in La Loche, Beauval, Cumberland House and Creighton. Two dental teams are located in Buffalo Narrows and in La Ronge. Satellite clinics are located in Turnor Lake, Ile-a-la-Crosse, Pinehouse Lake, Stony Rapids, Weyakwin, Pelican Narrows, Sandy Bay, and Uranium City.

Mental Health Services

Objective

To provide assessment, intervention, planning and counselling to people with a broad range of social, emotional and mental health problems.

Services

During 1986-87, the mental health program was involved in a number of community-based projects.

- A number of very successful suicide prevention workshops were held.
- Some success was experienced in the co-ordinating of various helping professions and assisting in the development of a Mental Health Association branch for the North.

Three community mental health nurses, a speech and language pathologist and the director provided follow-up, medication, counselling, family therapy, nursing and psychological assessments. Speech and language assessments, early childhood interventions and co-ordination and community education were also offered.

These services were augmented by about 0.7 person years of visiting mental health professionals and teams from the South.

Services

Through the Northern Health Services Dental Program a full range of diagnostic, restorative, surgical and preventive services are offered to patients. Services are performed by dental teams consisting of a dental therapist and a dental assistant and by a supervising dentist who remains responsible for performing all initial examinations, diagnosis and treatment planning. The supervising

dentist also supervises the dental teams to ensure an acceptable level of quality and personally treats all cases beyond the legal and professional scope of the dental therapist.

Initially, all clinics were located in the local health centres but during 1984 the process of relocating clinics to schools began. There are now seven school clinics and more relocations are planned in the future. This has greatly improved patient access and program delivery.

Research

In January 1983, a survey was conducted to assess the dental health status of children in Northern Saskatchewan. The results of the survey indicated that the decayed teeth per child ratio for northern children was at least five times that of children in the southern part of the province. An intensive effort was undertaken to improve this situation and a follow-up survey was completed in January of 1985. The results of this survey showed an overall reduction in the decay rate of 18%. Another survey will be completed in the 1987-88 school year to further monitor progress.

Home Care Program Objective

To develop and to support services in northern Saskatchewan which preserve and maximize the ability of an individual with an assessed need to remain at home and in the community by offering care, support and education; and to encourage and enrich the traditional family and community support systems.

Table 18: Home Care Services

Community	MOW	HM	M	N	T	P	Client Fees
Beauval	x	x	x		x		x
Buffalo Narrows	x	x	x				x
Creighton	x	x	x	x		x	x
Cumberland House		x	x				x
Green Lake	x	x	x		x		x
Ile a la Crosse	x	x	x	x			x
La Ronge	x	x	x	x	x	x	x
Pinehouse		x	x				x
Sandy Bay		x	x				x

Key:

MOW — Meals on Wheels or Wheels to Meals
 HM — Homemaking and Personal Care
 M — Handyman
 N — Nursing
 P — Physiotherapy
 T — Transportation

To co-ordinate support services to clients within the community so that the best possible use of private care home, therapies and visiting specialist services is made.

Services

There are nine home care boards responsible for delivery of services in 13 communities. Effective October 1, 1986, Sandy Bay Home Care Incorporated received funding to deliver home care services.

All of the boards are autonomous (not affiliated with councils or other organizations). To optimize the non-institutional approach to service delivery in the North, there is an emphasis on board and staff development training.

Each Board provides a combination of the following services; homemaking, personal care, home maintenance, meals, nursing, transportation, recreation and physiotherapy.

Home Care Funding

Northern Health Services Branch paid a total of \$596,386 in grants to the home care corporations in the 1986-87 fiscal year.

Highlights 1986-87

A temporary home care consultant position was continued in 1987, with educational and developmental objectives.

A second group of twelve home care staff was enrolled in the Kelsey Institute visiting homemakers courses and the students who took the course last year enrolled in advanced training. Basic board training for board members was offered with funding from Saskatchewan Advanced Education & Manpower and was met with an enthusiastic response.

Northern Medical Services

1986-87 was the first full year of operation of this new contract between the province, the Department of National Health and Welfare and the University of Saskatchewan and has seen the delivery of excellent medical services in several communities. It is a program to improve physician services to residents of the West Side corridor and in the Athabasca basin. The agreement provides physician, administrative and clerical support community-based services and involves both resident and visiting physician services to communities and clinics in many northern communities.

The agreement also covers the services of specialists on a visiting basis to communities that have not had such services in the past.

Nursing Program Objectives

1. To promote the adoption of responsible, informed attitudes towards healthy lifestyles in the individual through the provision of public health programs.
2. To provide quality primary care nursing services to the residents of those communities without a resident physician.
3. To network with other departments, agencies and services to ensure comprehensive care is available to the individual throughout his life span.

Organization

The Nursing Program serves a population of nearly 30,000 people in the northern half of the Province. The focus of the program is gradually changing from one of primary care to one of prevention through public health and health education. There are 22 nursing positions (12 primary care, 7 public health and 3 supervisory) and 14 Community Health Workers involved in the program.

Nursing Component

Nursing services are provided on a 24-hour emergency basis by primary care nurses in 5 communities with no resident physician. Regular clinics are held for assessment, treatment or referral. Primary care nurses also provide public health services and health education.

Public health nurses provide health education, health promotion and screening programs. Preschool core programs have been revised to include immunizations, speech and language, nutrition, Denver Developmental tests, hearing and physical assessment.

Table 19: Clinic Attendance
1986-87

Total Primary Care	30,037
Infant	2,030
Preschoolers	3,895
School Age	4,687
Adults	19,425
Total Doctors' Clinics	13,309

Other components of the nursing program include:

- school programs including immunization, vision and hearing screening, special needs screening and educational programs
- diabetic clinics where numbers of diabetics are located
- well-elderly clinics

- breast and pap smear clinics
- home visits for teaching and assessment
- public health clinics in outlying communities
- public relations with community Health Committees, local councils, band officials, etc.
- co-ordination of medical transportation
- communicable disease follow-up

Table 20: Child Health Conferences
Attendance
1986-87

Infants	1,218
Preschool	1,369
Prenatal Classes	66
Home Visits	3,103
School, Preschool, Infants	6,172

Community Health Workers

The CHW program was first introduced in 1976. The community health worker is usually an indigenous northerner who is trained to provide services in basic health education in homes and schools, interpretation, education and liaison assistance to health professionals and community residents, orientation of health staff to northern communities and education of community members regarding the availability of health services.

The CHW is a direct employee of the local council under contract to the Northern Health Services Branch. The Branch administers, funds, and monitors the program. Through the close relationship, the local council is encouraged to learn more about and participate more fully in local health issues.

Community Health Workers are based in La Loche, Buffalo Narrows, Michel Village, St. Georges Hill, Ile-a-la-Crosse, Cole Bay, Patuanak, Beauval, Green Lake, Pinehouse, Air Ronge, Weyakwin, Sandy Bay and Cumberland House.

Health Education

In November of 1986, Health Education became an individual program and no longer a component of the Nursing Program. One of the three health educator positions was designated as a nutritionist.

The Health Education program attempts to identify health needs in the north and develops appropriate strategies to address those needs. The program aims to increase involvement, responsibility and action of local people on health issues in their communities.

Health Education develops materials that are

appropriate to northern needs; provides seminars or talks for health professionals, schools and community groups upon request; distributes health information materials and provides training information on careers in health.

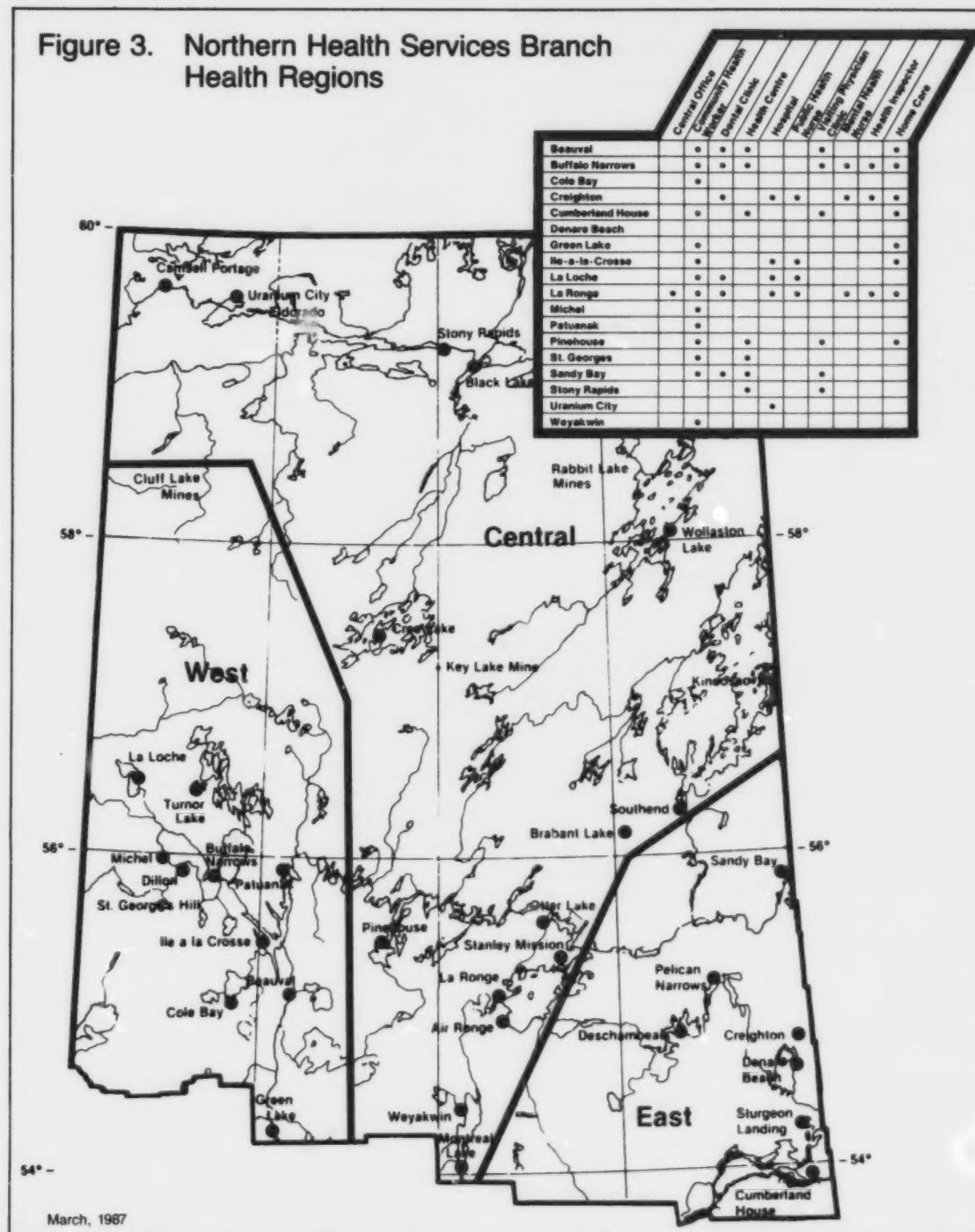
Highlights

- Weekly radio spots on various health topics were developed for translation into Cree and Dene.

These are broadcast on the Missinipe Achimowan radio.

- The third annual Golden Garbage Can Award was successfully held.
- Two workshops for community health workers were held in La Ronge & Emma Lake.
- Health educators delivered major programs in the schools on nutrition and on smoking and snuff.

Figure 3. Northern Health Services Branch
Health Regions



3. Regina and Saskatoon Cities' Health Programs

Overview

Health programs in Regina and Saskatoon are under the direction of a Medical Health Officer. In Regina the Medical Health Officer is appointed by the Regina City Council and is responsible to it through the Community Services Committee. The health program in Saskatoon is the responsibility of the Board of Directors of the Saskatoon Community Health Unit. The board is appointed by Saskatoon City Council.

Each of these cities has provided a report in an

attempt to give a more complete outline of the health services received by approximately 30 per cent of the province's population.

Each publishes an annual report containing more details and statistics. These reports are available from the Regina City Health Department (1910 McIntyre Street, Regina, Saskatchewan, S4P 2R3) and the Saskatoon Community Health Unit (350 3rd Avenue North, Saskatoon, Saskatchewan, S7K 2C3).

Regina City Health Department

Overview

The mission of the Health Department continues to be the prevention of disease, the promotion of health and promotion of a healthful environment. Over the years these aims have been realized through a combination of health education, direct programs and legislative measures. Reduction of communicable diseases such as smallpox and polio and a dramatic lowering of the infant mortality rate are examples of advances in public health which must be maintained in addition to meeting the challenges of an even more complex world. Public health must combat problems of lifestyle diseases, environmental concerns and communicable diseases such as AIDS. This recognition of the importance of preventive health measures is integral to the maintenance of public health.

In 1986, Council allocated funding to assist the promotion of the City's bylaw pertaining to smoking. A public relations campaign was developed and research into a program to assist pregnant women in quitting smoking was done. On October 23, a conference was held to assist city businesses and government agencies in developing and implementing smoking policies for the workplace.

During 1986, an amendment to the City of Regina's bylaw regulating dogs has allowed the department

to better control unsanitary conditions and problems due to the keeping of dogs. Amendments were also made to bylaws allowing the sale of certain frozen foods door-to-door.

Computer applications and word processing capabilities have facilitated the Health Department's handling of information and health data. The Regina Health Survey received funding for further analyses and a final report will be available later in 1987.

Public awareness of health matters has been facilitated by the department's promotion of special events such as Canada Health Day, National Non-Smoking Week and Nutrition Month. The department also continues to serve the public by providing up-to-date information on a wide variety of health subjects including infectious diseases, prenatal services, nutrition and environmental concerns.

Medical and Pediatric Services

Medical and pediatric services continue to be provided by a pediatrician.

Direct clinic services are offered in two of the 21 regularly scheduled Child Health Clinics. In 1986, 322 infants and children were examined and their parents counselled by the pediatrician.

In addition to serving in these clinics, the pediatrician provides telephone consultation services to parents, private practitioners, staff members, and other professionals relating to communicable disease control and public health programs.

Immunization and Communicable Disease Control

Immunization

Prevention and control of communicable diseases remains a basic concern of the department.

Public health nurses administered 39,674 procedures during 1986 to 23,708 individuals.

Table 21: Immunization by Age Groups

Infants	15,525
Preschool	14,112
School	8,243
Adults	1,794

The Hepatitis B Vaccine Program for Newborns, initiated in 1985, became well established in 1986. Nine infants entered the program in 1986.

The department continued to be the designated yellow fever vaccination centre for southern Saskatchewan. During 1986, 169 doses were administered.

Communicable Disease Control

The major communicable disease occurrence of 1986 was the mixed outbreak of measles and rubella. Over the first nine months of the year, 1,368 reports of rash-associated illness were received. Of these, 301 were serologically studied; 228 were confirmed as measles, 62 as Rubella, and 11 as neither. An additional 473 cases met the diagnostic criteria for clinical measles. Sixty-eight per cent of the measles cases were in the older age groups 10-14 and 15-19, the majority of whom had been immunized.

1986 also saw a marked increase in reporting of Chlamydial infection, one of the sexually transmitted diseases, from 289 in 1985 to 817 in 1986. In contrast, all other sexually transmitted diseases remained unchanged. This increase in chlamydial infection most likely represents increased reporting due to the introduction this year of a new, very sensitive rapid detection test.

Three cases of AIDS were reported in 1986, the same number as reported in 1985.

Public Health Nursing Division

The Public Health Nursing Division employed 39 nurses in 1986, serving a population of 176,231. Positions include one nursing director, three assistant directors, 30 community nurses, three nurses whose main focus is immunization and one nurse assigned to tuberculosis surveillance and the sexually transmitted disease program, and one Public Health Nurse - Special Programs who is assisted by two native community health workers.

New Programs, Projects and Activities

1. A Communicable Disease Manual was developed, which includes the following newly developed policies and information sheets:

For the Public: A Few Facts About Giardiasis; A Few Facts About Yersiniosis; A Few Facts About Campylobacteriosis; A Few Facts About Hepatitis B Infection; five information sheets on diseases and vaccines concerning Polio, Rubella, MMR, DPT and Dt and Td.

For Staff: Diarrheal Infections Investigations Form; Procedure for Management of Diarrheal Referrals; Investigation Form for Institutional Procedure for Follow-up of Pediculosis and Parent Letter re: Hepatitis A in Day Care.
2. Commencing in January, prenatal class participants received a binder containing all class handouts for a \$5.00 charge. This has led to consistency in what prenatal class attenders receive, and has reduced the instructor's organization time.
3. New client information sheets include: Caring for a Child with Fever, a "Services for Infants and preschool Children" pamphlet, and a letter to all Regina recipients of SAIL equipment explaining the public health nurse role. PHN policies include: Policy and Procedure for Inspection of Boarding Care Homes; Policy and Procedure Concerning Retention of grade 11 and 12 School Records; Charting Protocol for Immunization, and Immunization Pre-Screening Questions for Infants and Preschoolers.
4. The Cathedral Area Wellness Group for Seniors was evaluated after eight months of operation (November 7, 1985 - June 26, 1986). Thirty-three individuals made a total of 102 visits. 68 percent were aged 65 to 74, and 23 per cent were 75 or older. The most frequent reasons for visits were for blood pressure checks and health education. Eleven clients set wellness goals for themselves and six goals were wholly or partially achieved. Five group educational sessions had a total attendance of 66, or an average of 13.
5. A Family Life Resource Manual was developed to assist PHN's in the preparation of classroom

education concerning maturation and puberty. Also, a Pilot Project using a team teaching approach to family life education in the elementary schools was tried by one nursing team. Pupil, teacher, and PHN evaluations were generally positive.

Communicable Disease Control

Surveillance, plus free penicillin or sulfadiazine, were provided to persons on the rheumatic fever program. At year end, 32 individuals were on the program, compared with 34 last year.

Tuberculosis cases reported to the department numbered seven. Contacts located numbered 23.

Of the 392 notifications received for STD contact tracing, 233 contacts were located (59 per cent), and referred for treatment. In the community, 23 talks were given to a total of 653 people.

Home Visiting

Visits to homes numbered 6,769 for an average of 226 per district nurse. Visits accounted for 7,038 hours of time and were made for the following reasons (more than one reason per visit): infant care (3,903), sudden infant death (22), services to preschoolers (1,739), services to school children (1,141), suspected child abuse (12), services to adults (2,827), services to senior citizens (321), prenatal care (189), postnatal care (3,195), communicable disease surveillance (1,013), boarding care homes (34), and Saskatchewan Aids to Independent Living (125).

Health Education Programs

1. Expectant Parent Programs

Prenatal classes continue to be an important and popular program. During 1986, 487 classes were taught. Participants included 958 mothers (of whom 165 were single), 766 fathers and 106 "coaches." The number of Regina births in 1986 was 3,179. This means just over 27 per cent of all expectant mothers were reached with a majority being primiparas.

In the school setting, 55 teenagers received counselling regarding pregnancy for a total of 208 visits. As well, the Balfour Tutorial School had 78 students who received an average of 10 prenatal classes in addition to their regular school work.

2. Health Education Talks

Talks were given to a variety of community groups on a wide range of health topics. Subjects including child abuse, nutrition, STD, healthful living, childhood diseases, breast self-examination, safety, fever and family life were presented to groups such as Saskatchewan Abilities Council, Federated Indian College, adult learners (E.S.L.; Upgrading); day cares, parent groups, Peyakowak, Open Door and female parolees.

	1985	1986
Health education to the community:		
Number of sessions	133	154
Number of persons	2,378	2,406

School Services

Public health nurses spend on average 38 per cent of their time in the city's 110 schools. Services provided include: physical assessment (2,392), first aid (3,191), immunization (4,635), hearing screening (7,027), vision screening (19,638), scoliosis screening (370), communicable disease screening (6,096), student counselling (5,351), counselling pregnant teenagers (1st contact - 55, follow-up - 153), parent counselling (4,610), and teacher counselling (4,840). Classroom instruction on health-related topics continued to be an important and growing area with 483 sessions held during 1986. Family life, nutrition, first aid, smoking, STD, safety and communicable diseases were some of the subjects addressed.

Infant and Preschool Services

At Child Health Clinics, nurses monitor a child's growth and development, screen for health problems, provide counselling services and perform immunizations. There are 15 clinic locations in the city.

Total visits made to these clinics numbered 11,223. Of this total, infant visits numbered 6,471, preschoolers made 4,587 visits, and school-age children 165. Immunization was given at 84 per cent of all visits.

Preschoolers' vision and hearing were assessed at day care centres, nursery schools and at special vision and hearing screening clinics. During the year 151 children in the three to five year old age group received vision screening. Essentially the same children, numbering 171, received audiometer screening.

An additional 2,205 preschool children born in 1982 had vision and hearing testing included with their special four year old birthday check-ups, which also assessed speech, development, general health and immunization.

Professional Education

Public health nurses acted as field guides to nursing students on 219 occasions this year. Staff in-service sessions numbered 25 for an average of 26 hours per staff member. An average of 20 hours per staff member was spent in workshops and seminars outside the department. Subjects included alcohol and drug abuse, legal issues, first aid, stress, program evaluation, and Wasikaw Pisim.

Environmental Health Division

This division has a staff of 11, consisting of eight district public health inspectors, one supervisor, one chief health inspector and one clerk steno. Three of the district public health inspectors are stationed at the branch office. During 1986, the division received and investigated 1,522 complaints and conducted a total of 21,182 inspections or investigations, orders, tests and consultations.

In 1986, 59 new public eating establishments were opened for business, 35 were closed, four were degraded. Twenty-nine possible food poisoning cases were reported and investigated. A total of 21 food-handling courses were held and attended by 425 food-handlers.

During this period the division took a total of 851 water samples of which 200 were from swimming pools and 657 were from the municipal water system. There were 221 plans approved for construction and/or renovations of food establishments, apartments, etc. In 1986, 48 dwelling units were placarded as unfit for human habitation under the Public Health Act. Thirty-nine houses were repaired and 23 houses were demolished. This division took 133 actions under Section 130 of the Urban Municipality Act. A total of 359 animal bites were investigated in 1986 of which 29 per cent were from dogs at large. Two swimming pool operators' courses were held which were attended by 45 operators.

Table 22: Public Health Inspection Services, Regina City Health Department, 1985 and 1986

Area of inspections	Number of Inspections	
	1985	1986
Total	20,068	21,182
Public eating establishments	2,621	2,744
Food establishments (bakeries, meat and fish markets, grocery and confectionery stores, beverage plants and food wholesalers)	541	629
Food poisoning cases reported and investigated	29	46
Food samples submitted to laboratory	36	46
Dwellings, special care homes, day care centres, various approved homes, boarding care homes, schools, institutions and properties	2,688	2,483
Hotels, motels, apartment blocks and trailer courts	191	216
Recreation areas (swimming pools, parks, playgrounds, arenas, bowling alleys, pool rooms, theatres, halls and clubs)	614	540
Services and trades (laundries, barber shops and beauty parlours, garages and industries)	200	243
Insect, rodent and pest control	230	304
Other investigations	12,918	13,931

Nutrition Division

The purpose of this division is to promote good health and help prevent lifestyle diseases through nutrition education.

Nutrition services provided include consultations to the Regina general public, educational institutions, medical facilities and practitioners, government employees and municipal employees and other Regina organizations.

Presentations on nutrition topics are provided, on request, to clubs and organizations, schools, daycare centres, weight control groups, community college classes, university students, "Quit for Good" groups, employee retirement programs, and seniors' groups.

1986 Program highlights include the following:

- 1986 Nutrition Month promotions
- Community Nutrition affiliation provided for two dietetic interns from Regina General Hospital
- Community profile and strategic plan for 1986-87 prepared
- Two nutrition publications revised
- In-services on nutrition updates for public health nurses established at a minimum of one every two months
- Canadian Dietetic Conference held in Regina, June 1 - 5
- HITLINE tape "Nutrition For Toddlers and Preschoolers" revised
- Consultations to the public increased in 1986 to 2,290 and there were no services deleted

Innovations developed by this division during 1986 included the following:

- Statistics recording simplified, computerized
- Nutrition consulting for Healthiest Babies Possible was developed and piloted in co-operation with nursing division and Regina Native Women's Association
- Regular television programming twice a month established in co-operation with CKTV
- "Nutrition Matters" weekly newspaper column established with Regina Leader-Post
- Community programming piloted in co-operation with Parks and Recreation, Plains Community College, Regina Public Library
- Questionnaire developed to assess needs of nursing division for nutrition in-services
- Set of transparencies developed for prenatal classes, in co-operation with Saskatchewan Health

Biostatistician Division

The biostatistician's role in the Regina Health Department is to collect and maintain a data base

useful to the department, evaluate ongoing programs and help staff research different health areas, thereby assisting the department to set future goals. The development of computer applications to facilitate the maintenance and analysis of data has been an important function of this division in 1986. The Biostatistics Division also administers the Boarding Care Home Bylaw and Quit for Good (a smoking cessation program).

In 1986, the Biostatistician co-ordinated a conference to assist Regina businesses and organizations in developing and implementing smoking policies in the workplace. "Smoke in the Workplace — A Conference to Clear the Air!" was held on October 23 with 131 people attending. Topics dealt with included: effects of smoke in the workplace (physical and financial), legal implications, types of policies and implementation.

Following a review of the City's bylaw respecting smoking in public places, a public awareness campaign was developed concerning the bylaw and the hazards of primary and secondary smoke. A committee was also set up to explore the feasibility of achieving City Hall and department workplaces as a smoke-free environment within a year.

Saskatoon Community Health Unit

Overview

The mission of the Saskatoon Community Health Unit is to strive for the best possible health and environment for the people of Saskatoon. The major responsibility of the Unit is the development of preventive community health services, primary prevention being the first priority.

Community Health Nursing Division

Program activities are directed toward the prevention of health problems and of assisting individuals, families and communities to acquire the knowledge, attitudes, and skills necessary to promote, maintain, and improve health.

Services include health counselling and health teaching in the home, school, and community; nursing care designed for the special needs of the client; assisting clients to gain access to health care services; management and co-ordination of available resources; immunization; and screening programs.

Services are delivered by 28 Community Health Nurses and six Health Aides. Community Health Nurses deliver nursing services to populations in assigned neighbourhood districts. Health Aides provide vision and hearing screening programs for selected grades in elementary schools.

Activity Highlights

Health Education Presentations

In 1986, the number of health education presentations had increased 210 per cent since 1984. All health centres now possess a standardized audio-visual resource centre and an indexed library.

Television Presentations

Community Health Nurses presented the following topics on the CFQC program, "Two For The Show":

- 1) Nutrition, Lifestyles, and Exercise During Pregnancy;
- 2) Characteristics and Care of the New Infant;
- 3) The Varied Roles in the Nursing Profession.

Prenatal Fair

For the third consecutive year a display table of prenatal resources and a presentation on prenatal care was provided at the annual "Welcome Wagon Prenatal Fair" which attracted 300 prenatal couples.

Window Displays

West Health Centre arranged window displays in a branch office library during "Immunization Month" promoting immunization, and during "Children and Hospital Week" which emphasized preparation of a child for hospitalization.

Development of a Division IV Family Life Education Manual

This manual expands on the Division III Manual developed in 1985. The manual is intended to provide information in an appropriate format for use by family life teachers, guidance counsellors, and collegiate nurses.

Nutrition Manual

A sub-committee of the Collegiate Interest Group developed a Nutrition Manual to provide information and teaching ideas for Community Health Nurses providing nutrition education to high school groups.

Nursing Supervisors' Manual

The Nursing Management Committee completed a Nursing Supervisors' Policy and Procedures Manual.

Nursing Records Committee

The Nursing Records Committee developed a method for writing and classifying nursing diagnosis in a community health setting. A manual was prepared to assist nurses in the recording process.

Saskatchewan Public Health Conference — Annual Meeting

Community Health Nurses took a very active role in the planning and local arrangements for the annual SPHA Meeting. The year's theme was "Marketing Health Today for Tomorrow." The "Market Place," staffed by Community Health Nurses, displayed a variety of health promotion materials and puppet presentations.

Prospective Parent Program

Classes for expectant parents were initiated in the early 1970's and continue to serve the needs of those preparing for parenthood.

Saskatoon births this year numbered 3,335. Of this number, 710 or 21 per cent attended Health Unit classes. Prenatal teaching was also given at 325 home visits.

Births to single mothers numbered 674 or 20.2 per cent of all births. Singles prenatal classes were attended by 145 (21.5 per cent).

School Program

Community Health Nurses allot 32 per cent of their work schedule to the city's schools including private schools and community colleges, in addition to the 74 elementary schools and 10 colleges.

The role of the Community Health Nurse in health education continues to increase in importance both from the Community Health Nurse's and teachers' perspective.

Family Planning

Birth control information is integrated into many of the nursing programs. These include prenatal classes, prenatal home visits, clinic counselling, family life classes, and services of a resource person to staff and students in various schools. A Birth

Control Clinic operates two hours each week in the evening to provide sexuality counselling to clients requiring this service.

Environmental Health

The Health Inspection Division provides preventive health services by modifying environmental factors that cause disease or result in the transmission of chemical, physical and biological agents that cause disease. This is accomplished by education and administration of provincial regulations, municipal bylaws and policies relating to a wide range of environmental conditions.

Services are delivered from the main office by six public health inspectors and the chief inspector. Two students were on staff during the summer through external funding arrangements to work on special projects. Inspectors provide services to a designated area. Some specialization has occurred in subject areas such as indoor air quality, insect identification, pool and food sanitation.

Services and Programs

Food Protection

In addition to routine inspections, 107 complaints about unsanitary conditions relating to food premises were investigated.

Mobile and temporary concessions were required to comply with provincial standards. Foods prepared in private homes under uninspected conditions were no longer allowed to be sold to the public for immediate consumption.

A policy outlining minimum requirements for food protection at Exhibition concessions was developed and implemented with co-operation from the Exhibition Board.

An inspection program for surveillance of sanitary conditions in fish processing plants was established with Parks and Renewable Resources to ensure compliance with Provincial Fish Marketing Regulations.

General Sanitation

Sanitation is monitored in barber and beauty parlours to ensure compliance with minimum standards. The division investigated complaints about sanitation at a wide variety of public and private premises.

Accommodation

Premises that provided housing or care accommodation were inspected as required by provincial and municipal legislation. Complaints about private housing accounted for 67 per cent of complaints received about premises providing accommodation.

Pool Sanitation

Water slides, swimming pools, whirlpools and

paddling pools are inspected routinely to ensure compliance with standards. A number of pool closures occurred where standards were not met. About 40 paddling pools require installation of or improvements to chlorination filtration equipment to maintain acceptable water quality.

Indoor Air Quality

Sixty-seven complaints about effects on health caused by poor indoor air quality were investigated. Where indicated, referrals were made to a ventilation engineer or environmental physician.

A research project looking at the evaluation, monitoring and control of cigarette smoke in public places was completed by a medical student. The project was funded through the Deans Office, College of Medicine and involved a review of the approach taken by other health departments when complaints are received about cigarette smoke in public places. The report also looked at control strategies.

Health Education

Health education was given increased emphasis during 1986. A 3½ hour sanitation training program was developed for presentation to food handlers. The course was accredited provincially as being equivalent to the National Sanitation Training Program. One hundred, forty-two food-handlers completed the program.

Five Level I, one-day swimming pool operators courses were presented to 111 persons. We now expect all swimming pools to be operated by people with at least the Level I pool operators course.

Nutrition Division

Nutrition Division services are provided by the senior nutrition consultant and two part-time nutritionists. These services include in-service education, consultation and resource materials for Health Unit staff, developing educational programs to meet the health needs of target groups of people in all stages of the life cycle, and promoting reliable nutrition information to professional groups in the community and the general public.

In-service education programs for community health nurses were continued in 1986 to encourage Health Unit staff to integrate nutrition into their programs. The nutritionists provided assistance concerning nutritional health problems and provided teaching ideas for programs in schools, prenatal classes, Child Health Conferences and senior citizen centres.

In 1986 there were 54 nutrition education programs presented. A steady demand from community groups continues to result in priority being given to those groups who are considered to be nutritionally at risk.

Twenty-three media presentations focussed on basic nutrition concepts, food safety and sanitation, special nutritional needs during the life cycle and food selection.

To encourage teachers to provide more quality nutrition education, the division provided in-service workshops for educators. Twenty-three workshops were provided in 1986. Prenatal services again increased significantly. In 1986, 1,758 clients were assessed (a 25 per cent increase over 1985). The prenatal nutritionist also completed 51 home visits to high risk pregnant women in 1986 compared to 20 in 1985.

A supplementation program of milk coupons and vitamin-mineral supplements is provided to clients based on specific criteria. The prenatal nutritionist screened 212 clients and 83 per cent were accepted for the program.

Individual case conferences continued to ensure appropriate counselling and follow-up of all clients in the Healthy Mother, Health Baby Program. In 1986, 99 such conferences were held.

The Saskatchewan Community Nutrition Internship Program accepted its first student in September 1986. This 44 week program was developed jointly with the College of Home Economics and the Provincial Nutritionist. The senior Nutritionist served as the Internship Director in 1986/87. This program is one of two national pilot projects in Community Nutrition. It will be evaluated before other Community Programs are allowed in Canada.

Health Education Division

The goals are to promote a healthy lifestyle and a safe environment for Saskatoon residents. This is achieved by working with other divisions, community agencies and the general public.

Activities

In-service Education for All Staff

Presentations for staff included discussions on pensions, wills and public relations and a workshop in health education methods.

Orientation programs on the Health Unit and Health Education Division were given to Kelsey students.

National Non-Smoking Week

Activities for the week included three days of displays at the Confederation Park and Lawson Heights Malls. A list of speakers was provided to radio/television stations and the print media. Teenagers spoke on TV programs about the hazards of smoking, peer pressure and how to quit.

Safe Grad

A display was set up for the Safe Grad Conference held at the Sheraton Cavalier Hotel. Information provided covered smoking, drugs, alcohol and sexuality.

Smoking in the Workplace Conference

This division organized "The Smoking in the Workplace Conference" held in Saskatoon in

October. There were 78 people registered from 55 different work places. Emphasis was placed on second hand smoke and how to implement policies regarding this health hazard.

Smoking Education in the Schools

The educational kit on the constituents of tobacco smoke was revised. The kit is used for grade 5 in Saskatoon schools.

Health Education Conference

As a member of the Saskatchewan Health Educators Association, assistance was given in planning and monitoring the first health educators conference in Saskatchewan.

Saskatchewan Public Health Association Conference

Assistance was given in planning the conference. Hats with the slogan "Health Works" were provided, a video show was organized, and a display on tobacco smoking was set up.

Materials Produced

New materials produced include art work for a milk carton for immunization month in November, a pamphlet describing the services of all divisions, and materials with respect to tobacco smoke.

Consultative Services

Five hundred and forty consultations were given to staff, community agencies and the general public. Consultations have increased by 112 from last year. This increase is in services to the general public.

Health Education Materials

Over 19,000 pamphlets were distributed directly to the general public. More citizens are requesting and dropping in for health information.

Program Development

The mandate of this division is to research and identify the health needs of high-risk groups and to develop programs specific to their needs.

The primary activity within this division is to manage the Healthy Mother, Healthy Baby Program. The goal of this program is to improve pregnancy outcome for at-risk women. It is targeted at low income, young and native women. Intervention concentrates on nutrition, smoking, alcohol and drug use, and medical follow-up.

Clients who are low income and at greatest nutritional risk qualify for milk vouchers and a vitamin preparation. As well as assisting women to meet their daily nutrient requirements, supplements are a means of attracting them to our service.

Preliminary evaluation of the program data demonstrates success in reaching the target group, and in promoting significant improvement in all risk areas. These achievements are due largely to the contribution of the community health workers.

Epidemiology Division

The goal of the Epidemiology Division is to prevent, reduce, or modify the course of disease in the community through surveillance, investigation of outbreaks, and protection of susceptible persons. Services are provided by an Epidemiologist, a Field Investigator, two Immunization Nurses, and two STD Program Nurses.

Sexually Transmitted Disease Program

The notification of gonorrhea decreased slightly since last year, with 508 cases being reported for 1986. Eight hundred fifty-six cases of chlamydia were reported in its first full year requiring notification. One case of latent syphilis was reported.

Much public concern has been raised regarding the problem of AIDS in Saskatoon. As a result, requests for information and presentations have increased dramatically. Six cases of AIDS have been reported from Saskatoon, although only one of these cases was a Saskatoon resident at the time of diagnosis.

Communicable Disease Control

There was a dramatic increase in measles notifications in 1986, with 193 cases being reported. Similar outbreaks were seen across the province and Canada. Control measures included a full investigation of each rash illness reported to the Health Unit and subsequent isolation or immunization as required.

Immunization

Immunization continues to be a major part of disease control efforts. A total of 36,869 immunizations were provided during 1986. The central immunization clinic continued to provide immunization and advice to overseas travellers. In 1986, 4,387 clients attended the immunization clinic.

4. Mental Health Services

Objectives

To provide community mental health services which promote mental health and emphasize early identification of mental health problems and treatment in the community, and to encourage individual and community responsibility and participation in meeting mental health needs through services provided without disrupting people's normal daily activities and routines, by providing a variety of clinical and consulting services in the community and a range of day, evening and overnight services. Hospital services are available as a specialized support to the community program but are provided only when necessary and for as brief a time as possible.

The Saskatchewan approach to mental health services is based on the principle that a full range of direct and supportive mental health services

should be available to all residents of the province in their own communities or within reasonable travelling distance of their homes. Consistent with this approach, comprehensive mental health services are provided in each of the eight mental health regions. Developments in the distribution of services have allowed the regions to become nearly self-sufficient in dealing with their own community mental health needs.

The Mental Health Services Branch endeavors to measure the efficiency and quality of its programs to determine the impact of a program in the community. Measures are being incorporated into programs to ensure that maximum benefit is derived from resources allocated to the branch and that the highest quality of mental health services is available to Saskatchewan residents.

1986-87 Highlights

Officials of the Mental Health Services Branch conducted a number of information sessions around the province to introduce the new Mental Health Services Act, which was proclaimed on April 1, 1986. The Act provides a new mandate which reflects existing services and provides flexibility for future developments. It strikes an effective balance among three competing interests: a) the rights of the individual; b) the protection of society; and c) the provision of effective mental health services.

Psychiatrists, mental health practitioners, hospital administrators, and legal and judicial officials participated in the information sessions that were

held on the new Act. They received specific guidelines on implementation and answers to questions they had about various aspects of the legislation.

A protocol was developed and implemented in Saskatoon for dealing with child sexual abuse. It ensures that a co-ordinated interagency approach will be followed to provide quick, effective service and to avoid duplication.

Guidelines were prepared for provincial court judges to assist them in making referrals for assessments of young offenders.

Organization

The Mental Health Services Branch service delivery system is organized on a regional basis.

Programs in each of the eight mental health service regions are managed by chief executive officers

who report to the branch executive director. Central office is responsible for overall administration, program direction and general policy formulation.

Figure 4. Mental Health Services



Key

- 🏥 Saskatchewan Hospital North Battleford
- 🏥 Psychiatric Ward in General Hospital
- Mental Health Centre
- Psychiatric Research
- Mental Health Clinic
- ⌚ Part-time Mental Health Clinic

March 1967

Services and Activities

Objective

To be involved with all aspects of mental health throughout the province. Activities can be grouped into four major areas: clinical services; day hospital, rehabilitation and vocational services; residential services; and research, education and health promotion.

Improved access to services has been emphasized in Saskatchewan's eight mental health regions. The staff of each region are drawn from all of the major mental health disciplines. Services are provided by a network of full and part-time mental health clinics. Each region has designated psychiatric beds, approved and group homes for clients in need of sheltered living accommodation, and day hospital and/or day vocational programs. The Saskatchewan Hospital in North Battleford accepts a small number of patients from other regions. Its primary role is to provide a long-term care facility for chronic patients, most of whom were admitted more than two decades ago.

The Mental Health Services Branch also plays an important role in developing services in both the public and private sectors. The branch provides ongoing funding to private organizations and self-help groups and offers consultation and support to facilities such as nursing homes and chronic care hospitals. Branch staff also play an active role in voluntary organizations which seek to develop services for the mentally ill and to increase public awareness of issues relating to mental health. Liaison with government and private agencies is sought at both regional and central levels.

Clinical Services

Objective

To provide direct and indirect clinical and consulting services for people of all ages through diagnostic and treatment services for community clients, in-patient services, consultation and support services to other community agencies, and assessment services for the courts.

Services to Community Clients

In 1986, 15,884 individuals and 170 families (16,054 total) who were registered as clients received services from the Mental Health Services Branch. These statistics represent an increase of 5.1 per cent over the previous year.

In 1986, a total of 161,310 individual and family contacts were reported. On average, each registered family and individual was seen 10 times during the year. An additional 20,757 clinical services were provided to or on behalf of persons who were not registered as clients. In total, 182,067 recorded clinical services were provided by branch staff.

These statistics average a 15.3 per cent increase over services provided in 1985.

Table 23: Community Clients by Mental Health Region 1985 and 1986

Mental Health Region	1985	1986
Total	15,276 (142,895)	16,054 (161,310)
Battlefords	1,936 (22,664)	1,994 (22,596)
Moose Jaw	933 (12,951)	1,064 (15,748)
Prince Albert	2,541 (16,962)	2,623 (17,337)
Regina Mental Health Clinic	2,466 (27,028)	2,746 (31,814)
Child & Youth Services	1,275 (7,112)	1,214 (7,262)
Saskatoon Mental Health Clinic	1,494 (12,304)	1,568 (13,054)
MacNeill Clinic	1,153 (7,669)	1,166 (8,069)
Swift Current	938 (9,620)	824 (9,194)
Weyburn	1,129 (12,140)	1,328 (20,723)
Yorkton	1,411 (14,445)	1,527 (15,513)

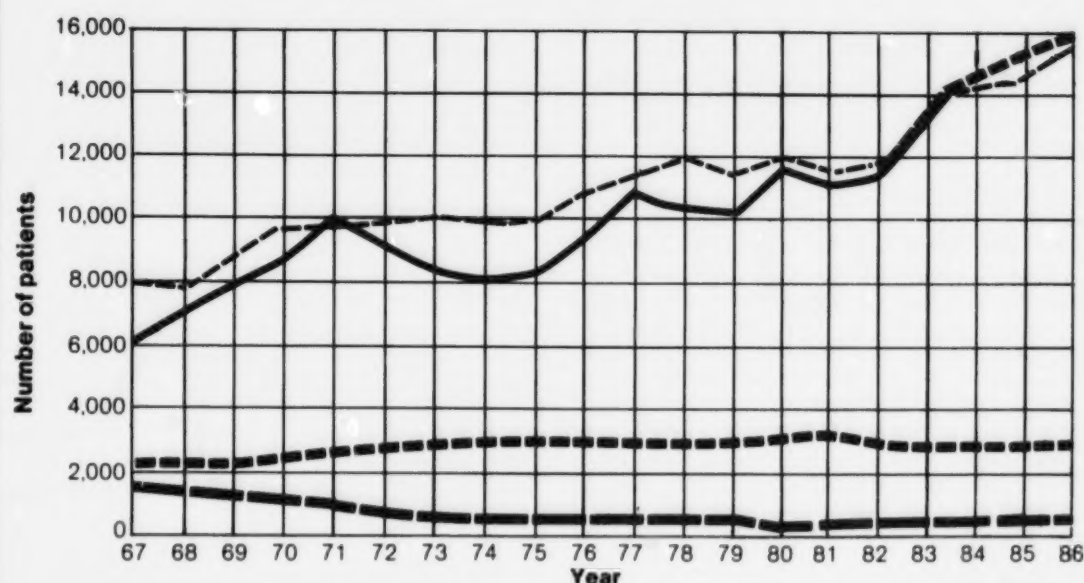
- Community Clients include persons of all ages as well as registered families.
- Numbers of community services are indicated in parentheses.

In-patient Services

The average lengths of stay of patients separated from psychiatric wards in general hospitals, from other mental health centres, and from the Saskatchewan Hospital in 1986 were 18.4, 26.2 and 5,856.8 days respectively. The longer stay in the latter facility reflects the large number of long-term in-patients it treats.

In addition to the facilities operated by the Mental Health Services Branch, the City and University Hospitals in Saskatoon and the Pasqua and Regina General Hospitals in Regina operate designated in-patient units. The branch is not directly involved in the operation of these facilities. However, it does participate in the appointment of Chief Psychiatrists and in assuring that involuntarily admitted patients have access to appeal procedures. Branch staff also provide out-patient services to patients discharged from such facilities.

Figure 5. Changes in Mental Health Services Patterns in Saskatchewan between 1967 and 1986



Note: Prior to 1982, the inpatient unit in the Regina General Hospital was included in the figures.

Code:

- Total Community Clients
- Total Community Contacts Divided by Ten
- ===== Total Admissions to All Mental Health Facilities
- ===== Inpatients: Average Daily Census

Table 24: Mental Health Services Branch, Comparative In-patient Statistics 1985 and 1986

In-patient Mental Health Facility	1985			1986		
	Total Admits	Average Census	Average Stay	Total Admits	Average Census	Average Stay
Battlefords Mental Health Centre	275	23.2	39.9	247	24.6	50.9
Moose Jaw Psychiatric Ward	373	13.8	13.4	307	13.4	15.9
Prince Albert Mental Health Centre	1,092	46.2	15.4	1,084	48.5	15.9
Swift Current Psychiatric Ward	188	13.7	29.6	199	12.9	22.0
Weyburn Mental Health Centre	184	31.0	53.4	198	26.6	44.5
Yorkton Mental Health Centre	426	41.3	33.2	422	35.2	29.4
Total — Centres and Wards	2,538	169.2	24.6	2,457	161.3	24.5
Saskatchewan Hospital North Battleford	17	197.1	5,812.9	16	195.1	5,856.2
Total — All In-patient Facilities	2,555	366.3	72.0	2,473	356.3	74.1

Table 25: Movement of In-patients During 1986 in Facilities Operated by The Mental Health Services Branch

	Mental Health Centres			Psychiatric Wards			Sub-total Centres and Wards	Sask. Hospital	Total
	Battlefords	Prince Albert	Weyburn	Yorkton	Moose Jaw	Swift Current			
Psychiatric Beds	32	60	45	48	20	14	219	209	428
In care on January 1, 1986									
in hospital	22	32	16	35	13	15	133	194	327
on leave	10	0	15	0	0	0	25	6	31
Total	32	32	31	35	13	15	158	200	358
Admissions during 1986									
first admissions	127	345	65	173	103	99	912	7	919
re-admissions	120	739	133	249	204	100	1,545	9	1,554
Total	247	1,084	198	422	307	199	2,457	16	2,473
Separations during 1986									
discharges	241	1,073	203	421	306	200	2,444	15	2,459
deaths	1	2	1	0	1	2	7	6	13
Total	242	1,075	204	421	307	202	2,451	21	2,472
In care on December 31, 1986									
in hospital	14	41	19	36	13	12	135	186	321
on leave	23	0	6	0	0	0	29	9	38
Total	37	41	25	36	13	12	164	195	359
Involuntary admissions during 1986	54	93	8	64	48	26	293	5	298
Total number of patient days	8,995	17,686	9,705	12,846	4,908	4,720	58,861	71,202	130,063
Average daily patient census	24.6	48.5	26.6	35.2	13.4	12.9	161.3	195.1	356.3
Average length of stay in days	50.9	15.9	44.5	29.4	15.9	22.0	24.5	5,856.8	74.1

Community Services Objective

To provide support for individuals, families and community groups through the involvement of Mental Health Services Branch staff, to encourage the development of community resources in co-operation and partnership with other public and private service delivery agencies, volunteers, consumer associations, professional organizations and individual practitioners, and thus to deliver community mental health services in the least costly and most effective way possible.

Major emphasis is placed on the creation of a wide range of diverse services to meet many different needs which allow individuals to remain in their home communities, keep their families intact and enhance the recovery process.

Examples of such services are:

1. home based programming, including home assessment, counselling and monitoring of medication by community mental health nurses;
2. therapy groups focussing on stress, assertiveness, problem-solving and communication;
3. the Batterers' Treatment Program which was offered province wide in 1986. The 16 week program for men who batter involved 20 groups and approximately 200 persons;

4. suicide projects undertaken in Yorkton and Saskatoon to gather information about suicide rates and to seek ways to reduce suicide, especially among young people. The Yorkton project developed an excellent public education program for school age youth.

Child and Youth Services Objective

To provide services to children and youth which enhance the mental health of both the child and family, to prevent handicapping conditions through early detection and structured intervention; and to reduce the impact of emotional and mental disorder through direct treatment and family support and, where necessary, through the least restrictive residential alternative. Co-ordination and consultation with other organizations serving children, youth and families are emphasized to help develop social networks and strengthen the response of communities.

Services are provided by multi-disciplinary professional teams in each mental health region. Specialized clinics in Regina and Saskatoon serve as major referral centres.

The branch also provides mental health assessment and consultation services to young offenders under The Young Offenders Act.

**Table 26: Children and Youth
Receiving Community
Services by Mental Health
Region, 1985 and 1986**

Mental Health Region	1985		1986	
Total	3,866	(25,089)	3,855	(25,037)
Battlefords	297	(2,499)	262	(1,590)
Moose Jaw	167	(1,268)	138	(766)
Prince Albert	488	(2,379)	484	(2,173)
Regina				
Mental Health Clinic	24	(186)	28	(119)
Child & Youth Services	1,229	(6,843)	1,180	(7,079)
Saskatoon				
Mental Health Clinic	26	(169)	30	(156)
MacNeill Clinic	1,058	(6,840)	1,129	(7,796)
Swift Current	162	(1,565)	160	(1,190)
Weyburn	195	(1,747)	228	(2,719)
Yorkton	220	(1,593)	216	(1,449)

- *Persons 17 years of age and younger are considered to be Children and Youth.*
- *Numbers of community services are indicated in parentheses.*

Services to the Elderly

In 1986, 12.5 per cent of the Saskatchewan population were 65 or older. During the next 20 years, over 29,000 more people will become senior citizens. Of this senior population, 60 per cent will be 80 years or older and particularly vulnerable to mental and physical disorders.

At present, the Mental Health Services Branch sees elderly patients roughly in proportion to their frequency in the population. For example, in 1986, 1,747 elderly out-patients were seen and 475 were admitted to psychiatric in-patient facilities.

As well as providing direct services to clients, the Mental Health Services Branch provides consultation and advice to other agencies. The inclusion of Continuing Care in Saskatchewan Health in 1983 has created a closer working relationship with this branch on the management of clients with behavioural disorders who are cared for in special-care homes and Level 4 facilities.

In order to meet the special mental health service needs of the elderly, the branch employs a consultant, the Director of Mental Health Services for the Elderly, who provides a number of services:

1. public education — television and radio appearances to enhance public understanding of the elderly, particularly in relation to depression, dementia ("senility") and normal aging. Also, articles are written for such departmental projects as "Saskatchewan Lifestyles"

2. advice to special interest groups — the director works closely with professionals and special interest groups such as the Saskatchewan Gerontology Association and the Saskatchewan Alzheimer's and Related Diseases Association
3. professional writing — the director attempts to increase public understanding by dissemination of professional articles, e.g. "Alzheimer's Disease — It's **not** just old age." A book chapter, "The Chronic Elderly Mentally Ill in Canada," is scheduled for publication in 1987 and pays particular attention to the effects of deinstitutionalization
4. health information telephone tapes — tapes made available to the public by HITT Line include Dementia (Senility) and Depression in Old Age
5. advice on legislation relating to the elderly — the director advises on the implication of new and proposed legislation for the elderly
6. advice to national organizations — the director advises a number of national organizations in relation to the elderly
7. consultation — the director provides medical advice to other doctors regarding mental health aspects of old age
8. university teaching — the director has a university teaching appointment as Clinical Professor of Psychiatry and takes part in teaching interns, family doctors, university students, nurses and psychiatrists in order to increase professional understanding of the elderly

**Table 27: Persons 65 Years of Age
and Older Receiving
Community Services by
Mental Health Region,
1985 and 1986**

Mental Health Region	1985		1986	
Total	1,576	(16,725)	1,747	(21,496)
Battlefords	239	(2,248)	261	(2,988)
Moose Jaw	149	(2,658)	175	(3,186)
Prince Albert	225	(1,707)	274	(1,716)
Regina	178	(2,183)	203	(2,723)
Saskatoon	129	(1,260)	152	(1,432)
Swift Current	149	(1,459)	130	(1,697)
Weyburn	246	(2,346)	280	(4,711)
Yorkton	261	(2,864)	272	(3,043)

- *Numbers of community services are indicated in parentheses.*

Forensic Psychiatry

Objective

To provide services requested by the court. All regions accept persons referred for assessment by the courts. Most assessments are conducted on an out-patient basis; some are undertaken in in-patient facilities while others take place in detention units and correctional centres. When maximum security facilities are required for assessment and psychiatric treatment, persons are referred to the federal government's Regional Psychiatric Centre in Saskatoon.

Treatment of Offenders

Objective

To provide offenders charged under the Criminal Code with mental health services. Treatment services are frequently recommended by the courts and may be made a condition of probation orders. A limited number of offenders are treated in the in-patient facilities operated by the branch. When more security is required than an in-patient facility can reasonably provide, other facilities, such as the Regional Psychiatric Centre, are used.

Order-in-Council Patients

Some patients are detained in psychiatric and other treatment facilities under provisions of the Criminal Code. When persons are found "unfit to stand trial" or "not guilty by reason of insanity," they may be detained in custody under the authority of a warrant of the Lieutenant Governor of Saskatchewan (an Order-in-Council). During the year, five new warrants were issued and three patients were released from Order-in-Council status. The 23 persons in care on December 31, 1986 may be described as follows:

	Total	Male	Female
Total	23	21	2
Unfit to stand trial	8	7	1
Not guilty by reason of insanity	15	14	1

An Advisory Board of Review reviews the status of all persons detained under Orders-in-Council. Two reviews are conducted each year and recommendations are forwarded to the Lieutenant Governor-in-Council.

Rehabilitation and Support Services

Objective

To facilitate the recovery of people disabled by a psychiatric disorder and to support their efforts to live a normal and productive life. The occurrence of a serious psychiatric disorder often has disastrous consequences for individuals and their families:

alienation, family breakup, and loss of friends, employment, reputation, and self-confidence. Normal self-reliance and the capacity to deal with life circumstances are replaced by dependency on medications, professional staff and social and welfare services. Rehabilitation services are designed to re-establish lost skills and abilities, reduce the level of dependency, support individuals in times of crisis, develop their potential for employment, and stabilize the living environment in order to improve their mental health and speed the recovery process. The Mental Health Services Branch provides a wide range of rehabilitation and support services across the province via its own regional services network and through funded non-government organizations.

Members' Clubs

The Mental Health Services Branch encourages and financially supports the development of "members' clubs" based on the Fountain House model. These psychosocial rehabilitation programs give recovering patients a sense of belonging and provide a variety of personal, social, educational, and vocational services, as well as the opportunity for self-help, independence and community participation. In 1986, there were five members' clubs in Saskatchewan with a combined membership of over 1,000 people: Crocus Co-op (Saskatoon); By Ourselves (Regina); THE Club (Regina); SHARE (Prince Albert); and Portage (North Battleford).

Mental Health Association in Saskatchewan

The largest and most active of the community organizations engaged in the provision of rehabilitation services is the Mental Health Association, which has 13 local chapters in Saskatchewan and 1,500 active members and volunteers. It operates "community service centres" for recovering patients in Saskatoon, Regina, Moose Jaw, Swift Current, Yorkton, Weyburn, North Battleford and Kindersley. Other programs and projects include Community Friends, summer camping, life skills and training on the job, job clubs, work placement, social action, service planning and public education.

Self-Help Groups

The Mental Health Services Branch provides encouragement to a growing number of self-help and mutual aid groups, such as the Alzheimer's Association, Agoraphobics Society and Friends of Schizophrenics. An example of an innovative and successful program is operated by societies for autistic children in Regina and Saskatoon. They offer home-based family support programs that have prevented the institutional placement of children with autism and related disorders.

Day Hospitals and Vocational Training

Each of the ten in-patient hospital units in the province has a therapeutic activation program associated with it where recovering patients can engage in arts and crafts projects, group therapy and other social/recreation activities. People residing in the community after a period of hospitalization can continue to participate in these therapy programs as out-patients. The Saskatchewan Hospital North Battleford has very diverse therapy, vocational training and work placement programs. Province wide, approximately 10 per cent of the 1,800 people attending the sheltered workshops in the province are disabled by a mental illness.

Individual Support Services

Mental Health Services Branch field staff are engaged in a wide variety of essential services which support community living for many long-term disabled persons. These services include case management functions such as medication management, residential placement, treatment follow-up, client tracking, crisis intervention, individual and family counselling, program planning and service brokering. The goals of these services are to prevent re-hospitalization, stabilize the lives of recovering patients and promote healthier lifestyles.

Crisis Management Programs

Mobile crisis teams operating in Regina, Saskatoon and Prince Albert, and mental health centres throughout the province carry a crisis intervention role in co-operation with the Department of Social Services, police and community agencies. In Regina and Saskatoon, the Mental Health Services Branch also funds crisis management programs designed to provide extra support to a small group of difficult-to-manage clients who are frequently involved with the police, hospitals, social services, the justice system and other agencies.

Residential Services

Objective

To provide support and guidance in daily living through a continuum of residential services. Services include approved homes and group homes, as well as supervised apartment-living programs. Payment for some of these services is on a fee-for-service basis using rates established under the Saskatchewan Assistance Plan while others are funded by grants provided by Saskatchewan Health.

Approved Homes

Family homes may be licensed under regulations in The Mental Health Services Act to provide a supportive residential environment in the community for a maximum of five individuals who require assistance in daily living. Approved homes are used

by Mental Health Services Branch and comprise the greatest number of spaces in the residential continuum. These homes are evaluated regularly to ensure that acceptable physical standards and levels of care are being provided.

On December 31, 1986, there were 207 approved homes with a total approved capacity for 693 guests. Occupancy involved 550 residents.

Group Homes

Group homes are established by volunteer community boards. They offer a high staff to client ratio within a family type setting. There are 12 homes in operation throughout the province: three in Regina, two each in Saskatoon and Battlefords regions, and one in each of the remaining five mental health regions.

Supervised Apartment Living

In conjunction with the establishment of Group Home Programs, five volunteer boards have established supervised apartment living programs, adding another dimension to the total continuum of residential services. A total of 85 apartment living spaces exist in the Regina, Saskatoon, Moose Jaw, Yorkton and Prince Albert regions.

Research, Education and Health Promotion

Objective

To provide basic and applied research aimed at gaining a better understanding of the nature of mental illness and the factors that give rise to mental and emotional disturbances, and to evaluate the effectiveness of services and service delivery systems.

All regions are involved in professional education. As well as seeking to maintain and improve the skills of staff, the branch provides training opportunities for students in most of the mental health professions.

Public education in the areas of mental health and mental illness is viewed as an important part of regional programs. Efforts are being made to increase the emphasis given to mental health promotion and primary prevention through initiatives such as the Community Liaison Worker Program in the Swift Current and Prince Albert regions. The program employs local citizens in a number of small, rural communities to provide public information, referral and liaison with the Swift Current and Prince Albert Mental Health Centres. The intention of the program is to improve service accessibility and continuity for rural residents, and to assist regional staff in defining and meeting community mental health education needs.

Psychiatric Research

The Psychiatric Research Division, located in Saskatoon, has three sections, each of which reports to the Director of Research: Basic and Clinical Studies Section; an Analytic Section; and, an Applied Studies Section.

The division generated 60 publications during the 1986-87 fiscal year. The publications included 5 books and 6 book chapters and review articles, and 49 original papers. Some 22 papers were also presented at national and international meetings. A complete list of publications is available from the Mental Health Services Branch, Psychiatric Research Division, CMR Building, University of Saskatchewan, Saskatoon.

During the past year, staff in the Research Division obtained approximately \$467,000 in funding from external agencies. More than \$121,000 was awarded by the Medical Research Council for continuing studies of Cerebral Trace Amines and for a study of enzymes in mental disorders.

In addition to their active involvement in research programs, many staff serve on the editorial boards of scientific journals, participate in the process of reviewing grant applications from funding agencies and serve in a number of capacities in professional and community organizations concerned with mental health and mental health research.

Personnel

On March 31, 1987, the Mental Health Services Branch had 758 established staff positions. Included in those positions are 22 psychiatrists employed on a contractual basis.

The professional staff in each of the eight mental health regions include: social workers, community mental health nurses, psychiatrists, psychologists, psychiatric nurses and occupational, recreational and adjunctive therapists. Approximately 270 of these employees work primarily with community based programs. Although most staff are based in or near the major mental health facilities, an effort is being made to improve the accessibility of services by locating workers in outlying areas. Accordingly, professional staff are currently stationed in the eight main centres as well as in: Meadow Lake, Lloydminster, Humboldt, Kindersley, Rosetown,

Assiniboia, Melfort, Estevan, Moosomin and Nipawin.

For a number of years, the branch has had difficulty attracting qualified psychiatrists to the province, particularly to the smaller rural centres. A variety of approaches have been undertaken over the last several years in an attempt to address the problem of the shortage of psychiatrists and substantial progress has been made.

Improvements to contractual opportunities for psychiatrists made in 1981-82 have assisted significantly in attracting interested applicants. The branch also continues to work with the University of Saskatchewan, the private sector and international contacts to develop and review a variety of other options.

Table 28: Summary of Established Positions, Mental Health Services Branch, March 31, 1987

Position Classification	Total Positions	Central Office	Research	Regional Programs	Sask. Hospital
Total	758*	22	14	463	259
Psychiatrists	44*	2	—	40*	2
Other physicians	1	—	—	—	1
Psychologists	55	1	—	52	2
Social workers	73	—	—	72	1
Community mental health nurses	62	—	—	62	—
Nurses	297	—	—	148	149
Therapists	36	—	—	26	10
Laboratory/Technical/Treatment and care	24	2	12	7	3
Administrative and clerical	96	17	2	56	21
Institutional support	70	—	—	—	70

* Includes 22 contract positions.

Finance

Revenue – Collections from Estates

Mental health services are provided without charge to Saskatchewan residents. However, The Mental Health Services Act states that a claim may be made upon the estate of a deceased person for care received in certain provincial institutions prior to May 1, 1979. The allowable claim is \$5 per day of care. Certain beneficiaries of the estates residing in Saskatchewan are exempt from this claim, including father, mother, husband, wife, child, brother or sister. Other exemptions may be considered under certain circumstances defined in the legislation.

Table 29. Collections from Estates, Mental Health Services Branch, 1985-86 to 1986-87

	1985-86	1986-87
Number of Claims	50	22
Value of Claims	\$1,456,549.76	\$ 616,748.93
Amount Collected	\$ 492,062.08	\$ 115,347.44

Regional Highlights

Battlefords

A community interest group called "Amgits" (stigma spelled backward) was formed to promote positive interest and involvement by the community towards residents of Saskatchewan Hospital North Battleford.

Moose Jaw

The number of community services provided to clients increased by 21.6 per cent in 1986/87. The number of admissions to the psychiatric ward decreased by 18.4 per cent during the same time period.

Prince Albert

A psychiatrist at the Prince Albert Mental Health Centre undertook a research program on "Viral Antibodies and Biochemical Abnormalities in Schizophrenic Serum and Cerebro-Spinal Fluid." This project involves co-operation with the Central Institute of Mental Health and Research in India and the National Institute of Mental Health in the United States.

Regina

A major study of the operations and services provided by Regina agencies offering support services to psychiatric patients in the city was conducted.

Expenditures

Total provincial expenditures by the Mental Health Services Branch for the fiscal year ending March 31, 1987 amounted to \$30,922,319. Of this amount, \$28,100,198 was expended on mental health services, \$990,618 on psychiatric research and \$1,831,503 on grants to non-government organizations.

If expressed as a per capita cost for the entire provincial population, the expenditure made by Mental Health Services Branch for mental health services, including research and grants, was \$29.69. This per capita cost does not include payments made by the Saskatchewan Medical Care Insurance Commission to psychiatrists and other physicians in private practice or university positions.

The Interspousal Violence Program completed its first full year of operation. A review revealed significant gains by those attending.

Saskatoon

The Saskatoon Mental Health Region hosted the annual Clinical Conference which was organized around the theme of "Violence and the Family." Approximately 270 people attended representing government, human services agencies and a variety of private sector organizations.

Swift Current

Specialized psychogeriatric treatment services were offered for the first time in 1986-87.

A family education and support program commenced operation in January 1987 to provide information to families of hospitalized psychiatric patients.

Weyburn

The Weyburn Mental Health Region was awarded accreditation for a two-year period.

Yorkton

The Yorkton Mental Health Centre was featured in a major television news documentary by CBC. The Saskatchewan and Manitoba mental health systems were contrasted in the program, and Yorkton was used as a positive example of the comprehensive services provided in Saskatchewan.

5. Continuing Care Branch

Objective

To develop, administer and co-ordinate services for those no longer able to live independently and who require a variety of support services; and to promote the highest degree of functional independence (physical, mental and social) possible for those individuals requiring care. Other objectives include the co-ordination of services and priority placements of people with the greatest unmet needs.

Continuing Care is not a single program delivered by one agency. It is an umbrella of programs and services for the elderly and disabled, provided by a number of agencies and organizations.

The philosophy of Continuing Care is based on the following beliefs:

- A comprehensive range of services should be readily accessible, as much as possible in or near the individual's community
- Responsibility for service delivery should rest at the local level as this provides a system that is sensitive and responsive to local needs and priorities
- Co-operation among local health and social service agencies in the assessment and co-ordination of care services should be emphasized to ensure individuals are referred to the program that will best meet their needs and to reduce administrative barriers to receiving services
- Consultation should be emphasized as a method of operation. Although Continuing Care has authority to monitor and enforce standards in home care and special-care home programs, local service providers must be consulted and involved in discussions regarding policy and program initiatives
- Financial incentives to seek a particular service should be minimized
- Individuals should contribute a reasonable amount to the cost of services

Organization

Continuing Care is divided into three divisions. Two divisions (Special-care Homes and Home Care) have direct program responsibility. The Support Services Division provides specialized support

services to Continuing Care and the Department. In addition, the Lakeside Home in Wolseley is administered by Continuing Care.

1986-87 Highlights

- Assessment and care co-ordination were defined as Home Care Services.
- An Act respecting the provision of home care services was passed in the Legislature and received assent on July 2, 1986.
- Eighty-seven district co-ordinating committees (DCCs) have been formed and/or are in operation. DCCs are proving to be invaluable in assuring the co-ordination of care services in communities. This co-ordination is resulting in a more effective and efficient use of local health care resources.
- Special grants totalling \$2,785,500 were provided to 33 home care districts for provision of services to clients with high needs.
- Review of the home care program's nursing manual was completed and a new manual was prepared.
- The Department embarked on the third year of a five year special-care home construction program. During 1986-87, construction commenced on 346 beds. In the first two years of the five year construction program, 740 beds were built.
- The Department funded 148 new positions for existing special-care homes. The annualized cost of these new positions is \$4,000,000.
- Construction of the new 238 bed Parkridge Centre in Saskatoon was completed. Residents began moving into the facility in March, 1987. The facility provides long term care for seniors and

young disabled individuals, as well as rehabilitative services.

- Construction of the new 80 bed Lakeside Home in Wolseley was completed. The new home replaces the 70 bed facility that had been in use for many years.

1986-87 Statistical Highlights

- About 80 per cent of seniors live very independently, often with the support of families, friends and neighbours, without seeking help from home care or moving into long term care facilities.
- However, about 20 per cent of seniors do use continuing care programs. This 20 per cent of seniors is composed of about 13 per cent who are still living in their homes with the assistance of home care and their families, and about seven per cent who receive long term institutional care.
- Although we tend to think of "seniors" as anyone over the age of 65, the people who are likely to need continuing care services are much older.
- The percentage of people using continuing care programs increases very dramatically in the older age groups:
 - only 6 per cent of people aged 65-69
 - about 12 per cent of people aged 70-74
 - about 22 per cent of people aged 75-79
 - about 38 per cent of people aged 80-84, and
 - about 63 per cent of people aged 85 and over.
- On average, the age of seniors served by home care is younger than the age of seniors living in long term care facilities. The average age of seniors in home care is 79 years. The average age of seniors in long term care facilities is 84 years.
- Long term care facilities are increasingly being used for people requiring heavier care. Seventy-nine per cent of residents now receive level 3 and level 4 care, while only two per cent receive level 1 care.
- While most people who require continuing care services are seniors, about 16 per cent of home care clients and eight per cent of long term care residents are under 65. Home care serves about four times as many people under 65 as are in long term care facilities.
- The major users of continuing care programs are female: about 70 per cent of home care clients and 66 per cent of people living in long term care facilities.
- The availability of a spouse is a key factor in determining the need for continuing care programs when a person loses some functional abilities:
 - Only 39 per cent of home care clients have a spouse.
 - Only 19 per cent of long term care residents have a spouse.
- Women aged 65 and over are much less likely to have a spouse (only 43 per cent) than men aged 65 and over (74 per cent).

Note: All references to long term care facilities refer to special-care homes and long term care units in hospitals.

Services and Activities

Home Care Program

Through the Home Care Division the branch co-ordinates the Saskatchewan Home Care Program.

Each home care district is an incorporated, autonomous organization administered by a community board which is geographically representative of the district.

Purpose and Objective

To preserve and maximize an individual's ability to remain independent at home by offering services that provide needed care and support and by fostering the widest possible use of available individual, family and community resources.

The program is founded on the beliefs that:

- individuals can usually retain greater independence and have more control over their lives in their own homes rather than in an institution, and that

- most individuals prefer to remain at home and to receive any required services at home.

The objectives of the program are:

1. To provide needed services to people in their own homes for the purpose of:
 - teaching them to care for themselves whenever possible,
 - delaying or preventing functional deterioration, and
 - giving support and assistance to families or friends providing care.
2. To serve as an integral part of the health and social service system by:
 - delaying or preventing the entry of an individual into a special-care home or by assisting in the care of an individual until placement is possible,

- allowing earlier discharge from hospitals and reducing the frequency of re-admissions,
 - establishing co-ordination and referral links to enable clients and families to make the best possible use of available community services, and
 - promoting the participation of volunteers in the system.
3. To improve the quality of life in Saskatchewan by:
- providing services that protect the dignity of individuals requiring services and that allow them to retain control over their lives,
 - helping families shoulder the responsibility of caring for members requiring services, and
 - developing an awareness of needs and resources within Saskatchewan communities.

Legislative Authority

Home Care operates under the Home Care Services Act.

Table 30: Number of Home Care Clients and Services

Type of Service	Units*	Per Cent of all Units	Clients	Per Cent of all Clients
Nursing	126,586	8.5	9,792	47.5
Meals	442,970	29.8	4,971	24.1
Home Maintenance	36,572	2.5	4,251	20.6
Homemaking	880,059	59.2	13,172	63.9
All Services	1,486,187	100.0	20,601**	—

* One unit of nursing, homemaking or home maintenance is equal to an hour of client service. One meal is equal to one unit of service.

** Some clients may have received more than one type of service.

Services

Services provided by all home care districts include assessment and care co-ordination, nursing, homemaking, meals and home maintenance. Certain urban districts continue to provide physical and occupational therapy, social work and transportation services which were in place before the provincial home care program was established. All home care districts provide care co-ordination and assessment, and referral services to help individuals and families make use of available programs and resources. Each district is responsible for establishing volunteer services to complement the funded services.

Eligibility and Assessment

Applicants must hold a valid Saskatchewan Health Services Card or be in the process of establishing permanent residence in Saskatchewan.

When a district receives an application for services, it conducts an assessment to determine the services that are appropriate for the client. The assessment is completed prior to the delivery of service except in emergency situations.

Client Charges

Effective October 1, 1985, a revised client fee system was introduced. The revised system provides a simpler and more equitable fee schedule for home care clients. Features of the revised fee system include:

- standard fees for home care services throughout the 45 home care districts
- all clients, regardless of income, pay \$3.00 per unit for the first ten units of service received
- for clients receiving more than 10 units of service, the charge for each additional unit is dependent upon income
- no fee for nursing services
- maximum monthly charge of \$250

Funding of Home Care Districts

Funding provided to home care districts by the Home Care Division falls into two categories, formula funding and target grants. The formula funding paid to each home care district consists of:

- block funding of \$44,940
- \$10 per capita
- \$44.78 per senior
- \$30.00 per person over 75

Formula funding provided to the 45 home care districts in 1986-87 totalled \$19,043,481.

Target grants are provided to home care districts for high need care, respite care, palliative care and/or other means of supporting individuals at high risk of requiring institutionalization. The amount of the grant is dependent upon factors such as:

- the number of high need clients in the district
- the district's unique service needs (e.g. high proportion of seniors and/or disabled individuals)
- the home care district's existing resources

Target grants totalling \$2,785,500 were paid to home care districts in 1986-87.

**Table 31: Home Care Clients as a Percent of all District Population*
By Age and Sex, 1986-87**

Age Group	Male Clients Number	Male Population Number	Utilization Rate Per cent	Female Clients Number	Female Population Number	Utilization Rate Per cent	All Clients Number	All Population Number	Utilization Rate Per cent
0 - 19	105	151,832	0.1	92	144,256	0.1	197	296,088	0.1
20 - 39	173	166,416	0.1	472	157,691	0.3	645	324,107	0.2
40 - 59	437	91,215	0.5	821	89,744	0.9	1,258	180,959	0.7
60 - 64	368	21,440	1.7	712	22,388	3.2	1,080	43,828	2.5
65 - 69	570	18,895	3.0	1,533	21,267	7.2	2,103	40,162	5.2
70 - 74	982	15,869	6.2	2,546	18,548	13.7	3,528	34,417	10.3
75 - 79	1,211	11,139	10.9	3,085	13,580	22.7	4,296	24,719	17.4
80 - 84	1,224	6,692	18.3	2,728	8,812	31.0	3,952	15,504	25.5
85 - 89	751	3,103	24.2	1,618	4,854	33.3	2,369	7,957	29.8
90 +	388	1,526	25.4	670	2,963	22.6	1,058	4,489	23.6
Total	6,209	488,127	1.3	14,277	484,103	2.9	20,486	972,230	2.1

* Home care district population excludes residents of Indian Reservations and residents of Northern Saskatchewan.

Special-care Homes Program

The Special-care Homes Division has overall responsibility for the special-care home program. This responsibility involves:

- monitoring quality of care in special-care homes,
- consultation and assistance to special-care homes in program development, administration and financial management,
- administration of special-care homes construction program, assistance to local boards in planning and construction of special-care homes, and
- review and approval of operating funding for special-care homes

Purpose and Objectives

The purpose of the special-care home program is to provide long term institutional care services for Saskatchewan residents who do not require hospitalization but do require a greater degree of care or supervision than they would receive living in their own homes. Services provided range from meals, laundry services, activation and assistance with personal care to specialized nursing care with 24 hour supervision and rehabilitation therapies.

The objectives of the program are:

- (1) to ensure that resources, programs and adequate accommodation are available to meet the needs of Saskatchewan residents who require long term institutional care, and
- (2) to ensure provision of the care, treatment and

support necessary to enable residents to regain and maintain the highest possible degree of health and independence.

Legislative and Regulatory Authority

Special-care homes operate under The Housing and Special-care Homes Act, The Housing and Special-care Homes Regulations, and The Housing and Special-care Homes Care and Rates Regulations.

Levels of Care

Levels of care are used primarily for statistical purposes and as a means of communication among health care professionals. Use of these levels of care designations is being de-emphasized for placement and care co-ordination purposes. Emphasis is being placed on meeting the individual's care needs rather than classifying by level of care.

Level 1

- residents require some supervisory care; primarily an accommodation rather than a care arrangement

Level 2

- residents require some supervision and assistance with activities of daily living

Level 3

- residents require intensive personal or nursing care

Level 4

- residents who do not require acute hospital care and treatment, but require continuous medical care and 24-hour nursing care. Level 4 care is divided into three components — specialized supervisory care, supportive care and restorative care

Distribution of Long Term Care residents* by level of care March 31, 1987

Level of Care	Number	%
1	185	1.9
2	1,843	19.0
3	4,114	42.4
4	3,569	36.8
Total	9,711	100.0

* Includes persons receiving long term care in special-care homes and hospitals at March 31, 1987

Eligibility and Assessment

In areas of the province where District Co-ordinating Committees (DCCs) are functioning, client assessment, determination of appropriate service and prioritizing clients for services would be carried out by the DCC. Special-care homes continue to make final decisions on admissions to their facilities.

Resident Charges

Effective December 1, 1983 the Housing and Special-care Homes Care and Rates Regulations were amended to provide for quarterly adjustments to the standard resident charge. The charge was set so as to ensure all single residents would have at least \$100 disposable income per month. The resident charge is adjusted in accordance with increases in maximum single rate Old Age Security/Guaranteed Income Supplement/Saskatchewan Income Plan payments. Increases in OAS and GIS are effected on a quarterly basis. The resident charge increase is effective one month later.

The standard resident charge at April 1, 1986 was \$489.00 per month. The quarterly adjustments to the resident charge resulted in the following charges during 1986-87:

Effective Date	Resident Charge
May 1, 1986	\$494
August 1, 1986	499
November 1, 1986	504
February 1, 1987	509

Method of Funding

Special-care homes are primarily funded through operating grants provided by Continuing Care and resident charges collected by the homes. Grants for construction and renovations may be available on approved projects.

Operational Funding

Operating grants to non-profit special-care homes are based on budgets submitted by the homes for review and approval by the department. Budgets are approved based on available financial

resources, and payments are made to the homes on a monthly basis.

Commercial homes are funded on a negotiated fee-for-service basis. Level 4 beds in acute care hospitals are funded by Continuing Care through Saskatchewan Hospital Services Plan.

In 1986-87, Continuing Care paid a total of \$171,517,814 in operating grants for special-care homes.

Table 32: Saskatchewan
Long Term Care Beds
March 31, 1987

	Facilities	Beds
<u>Special-care Homes</u>		
Local Homes	147	8,328
Regional Level 4 Facilities	6	848
Total*	152	9,176
<u>Hospitals</u>		
Level 4 Units	8	387
Community Level 4 Beds	91	179
Total	99	566
Grand Total	251	9,742

* One special-care home contains both local and regional beds. This home appears in both the local and regional facility categories, but is counted only once in the total.

Construction Funding

Continuing Care provides financial assistance for construction projects undertaken by non-profit special-care homes (e.g. homes sponsored by municipalities, churches and charitable organizations). Construction projects are approved by the Minister of Health. Funding for construction is as follows:

<u>New Construction</u>	
Province	85%
Local Sponsors	15%
<u>Renovations</u>	
Province	50%
Local Sponsors	50%

The provincial share of costs is amortized through a Canada Mortgage and Housing Corporation mortgage or a Saskatchewan Property Management Corporation loan. These costs are then re-paid by Continuing Care through the facility operating budget.

In 1986-87 Continuing Care assisted in the financing of 45 construction projects with a total value of \$30.2 million. Construction commenced on 317 new beds and 29 replacement beds.

Table 33: Long Term Care Residents* as a Percentage of Provincial Population
By Age and Sex, March 31, 1987

Age Group	Males			Females			All		
	Residents Number	Population Number	Utilization Rate Per cent	Residents Number	Population Number	Utilization Rate Per cent	Residents Number	Population Number	Utilization Rate Per cent
0 - 19	4	170,084	0.0	2	162,136	0.0	6	332,220	0.0
20 - 39	82	177,398	0.0	72	168,565	0.0	154	345,963	0.0
40 - 59	198	95,364	0.2	192	93,350	0.2	390	188,714	0.2
60 - 64	114	21,983	0.5	111	22,937	0.5	225	44,920	0.5
65 - 69	192	19,332	1.0	236	21,637	1.1	428	40,969	1.0
70 - 74	320	16,213	2.0	435	18,863	2.3	755	35,076	2.2
75 - 79	489	11,348	4.3	817	13,779	5.9	1,306	25,127	5.2
80 - 84	628	6,812	9.2	1,343	8,938	15.0	1,971	15,750	12.5
85 - 89	625	3,167	19.7	1,552	4,918	31.6	2,177	8,085	26.9
90 +	610	1,544	39.5	1,689	2,990	56.5	2,299	4,534	50.7
Total	3,262	523,245	0.6	6,449	518,113	1.2	9,711	1,041,358	0.9

* Long term care residents include all persons residing in special-care homes and hospitals at March 31, 1987. Residents of hospitals include persons who occupy beds designated for long term care and persons who are accommodated in acute care beds until alternative care arrangements are made.

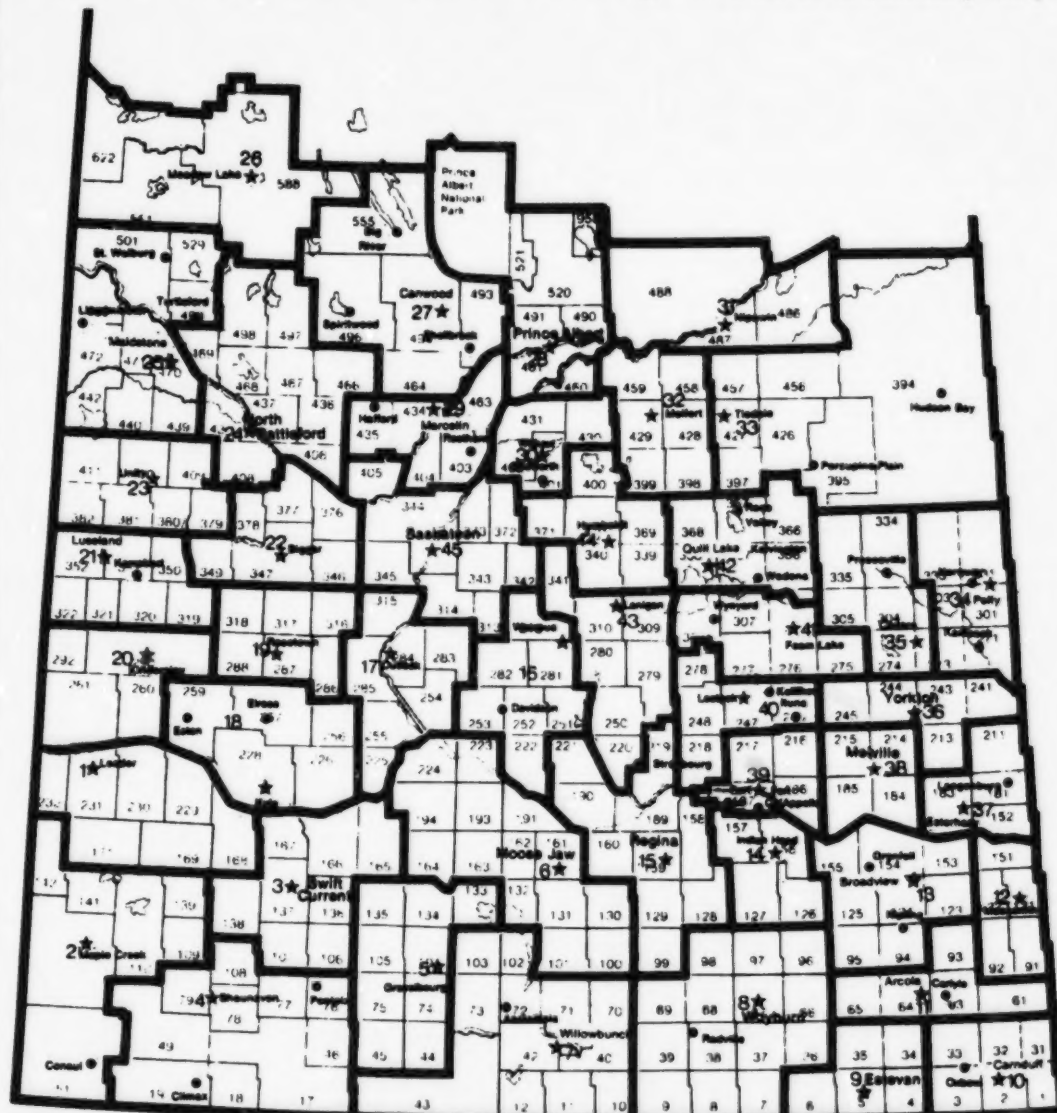
Table 34: Construction Program, 1986-87

		Total Construction Costs
<u>1. New Construction</u>		
Cut Knife	New 30 bed facility	\$ 2,137,281
Dinsmore	12 bed integrated facility	900,000
Esterhazy	10 new and 4 replacement beds	1,554,866
Fillmore	13 bed integrated facility	975,000
Fort Qu'Appelle	10 additional and 6 replacement beds	1,759,239
Gainsborough	12 bed integrated facility	900,000
Invermay	10 additional beds	692,792
Langenburg	10 new and 5 replacement beds	1,386,565
Lumsden	New 30 bed facility	1,983,000
Mankota	12 bed integrated facility	900,000
Norquay	10 new and 1 replacement bed	707,386
Regina	Santa Maria — 48 new and 9 replacement beds	5,368,788
Regina	Salvation Army Eventide — 30 new and 4 replacement beds	2,808,063
Tisdale	New 40 bed facility	2,861,784
Yorkton	40 additional beds	2,773,900
Final Payments on prior years' projects		873,590
Total		\$28,582,254
<u>2. Renovations</u>		
		Total Construction Costs
Assiniboia	Dining, kitchen and activity areas	\$ 471,405
Saskatoon	Jubilee Residences — standby power	150,000
Saskatoon	St. Joseph's — activity/lounge	420,705
Swift Current	Prairie Pioneer's Lodge — fire safety	438,744
Weyburn	Weyburn and District — drainage	106,226
Yorkton	Anderson Lodge — dining/kitchen	694,397
Minor Renovations — 19 projects		269,245
Total		\$2,550,722

Separate Statistical Report

The Continuing Care Branch publishes separate statistical reports on Home Care and long term care in special-care homes and hospitals. Copies are available from the Executive Director, Continuing Care Branch, T.C. Douglas Building, 3475 Albert Street, Regina, Saskatchewan, S4S 6X6.

Figure 6. Saskatchewan Home Care Program District Boundary Map



Legend

• Denotes District Office Location

- | | | | | |
|----------------------|---------------------------|-------------------------------|-----------------------------|----------------------------|
| 1 - Sand Hills | 10 - South East | 19 - Rosetown and District | 28 - Prince Albert Pineland | 37 - Potash Country |
| 2 - Grasslands | 11 - Cannington | 20 - Wild Goose | 29 - Country Valley | 38 - Melville and District |
| 3 - Wheatland | 12 - Moose Mountain Trail | 21 - West Central | 30 - Wakaw-Cudworth | 39 - Qu'Appelle Valley |
| 4 - White Mud | 13 - Pipestone Valley | 22 - Biggar and District | 31 - Nipawin | 40 - Touchwood Hills |
| 5 - Wood River | 14 - Squirrel Hills | 23 - Greenhead | 32 - Melfort | 41 - Yellowhead Emerald |
| 6 - Thunder Creek | 15 - Wascana | 24 - Battlefords and District | 33 - Pasqua | 42 - Quill Plains |
| 7 - South Country | 16 - Watrous-Davidson | 25 - Twin Rivers | 34 - Fort Pelly-Livingstone | 43 - Langian |
| 8 - Weyburn and Area | 17 - Outlook and District | 26 - North-West | 35 - Canora | 44 - Humboldt |
| 9 - Estevan Area | 18 - Beechy-Eston | 27 - Woodland | 36 - Yorkton | 45 - Saskatoon |

January 1, 1986

6. Saskatchewan Dental Plan

Objective

The objective of the Saskatchewan Dental Plan is to improve the dental health of Saskatchewan children and adolescents through a program of preventive and restorative dental care.

Organization

The Dental Plan provides care to children and adolescents between the ages of five to sixteen inclusive. The Plan is administered through a central office located in Regina and five regional offices in Swift Current, Regina, Saskatoon, Yorkton, and Prince Albert.

Care is primarily provided in dental clinics located in schools. As of August 31, 1986 there were 578 permanent clinics located in Saskatchewan schools.

Work is carried out by a team consisting of a dental therapist and a certified dental assistant under the supervision of a dentist. Each dentist supervises about ten teams.

The majority of adolescents enter a bridging program at age 14 to accustom them to receiving dental care outside of the school setting. The Department of Health has an agreement with the College of Dental Surgeons of Saskatchewan to make a capitation payment to the College for each young person making one or more visits to a participating dentist. In turn, an agreement between the College and participating dental practitioners allows dentists to be paid on a fee-for-service basis in accordance with a payment schedule established by the College for this program.

About 80 per cent of adolescents have been assigned to private practice dentists through the bridging program.

Highlights

As of August 31, 1986:

- 166,634 children and adolescents were enrolled in the program and were under treatment
- the total number of decayed, missing and filled permanent and baby teeth for six year old

children has declined from 6.5 in 1974-75 to 2.8 in 1985-86

- 41,146 adolescents were assigned to receive dental care from private practitioners
- the percentage of adolescents assigned to private practitioners by year of birth:

1969	86%
1970	83%
1971	72%

The average cost per child for dental services provided for the year ending August 31, 1986 was \$91.98.

Children born in 1981 became eligible for enrollment in the Dental Plan on September 1, 1986, with benefits available to children and adolescents born in the years 1970-1981 inclusive.

Other Responsibilities

Other responsibilities of the Dental Plan are to:

- administer the Supplementary Health Dental Benefits Program which provides dental care to social assistance recipients,
- arrange for the provision of dental services in the Provincial Correctional Centres on behalf of the Department of Justice, and
- provide consultation on provincial dental matters to other agencies such as the Northern Health Services Branch, Community Health Services Branch, Medical Care Insurance Commission and the Federal Government.

Separate Annual Report

The Saskatchewan Health Dental Plan publishes a separate annual report. Copies are available from the Executive Director, Saskatchewan Health Dental Plan, 3475 Albert Street, Regina, Saskatchewan, S4S 6X6.

A September 1 to August 31 reporting period is used because dental care is delivered through clinics set up in schools. Consequently, the service year is more closely related to the school year than the fiscal year.

7. Saskatchewan Prescription Drug Plan

Objectives

- to reduce the direct cost of prescription drugs to Saskatchewan residents
- to provide coverage of high quality therapeutically effective drugs
- to reduce the cost of drug materials through quantity discounts and effective price competition
- to encourage the rational use of prescription drugs

Services and Eligibility

All Saskatchewan residents with a valid Health Services Card are eligible for coverage under the Drug Plan with the exception of those individuals who have prescription costs paid by federal or other provincial government agencies.

ensure the high quality of drug products and evaluates the therapeutic effectiveness of the respective drugs. The Formulary is updated on January 1 and July 1 each year.

Non-formulary drugs may be approved for coverage in certain circumstances under the "exception drug status" provision.

Consumer Cost

As of March 31, 1987, Saskatchewan residents pay a maximum of \$3.95 for each prescription for drugs covered by the Prescription Drug Plan. The balance of the dispensing fee and the full cost of drug material is paid by the Drug Plan to the dispensing pharmacy.

Out-of-Province

The Prescription Drug Plan pays only for drugs purchased from Saskatchewan pharmacies or from participating pharmacies located in certain Alberta and Manitoba communities bordering Saskatchewan.

Prescription Requirements

A prescription order from a physician or dentist is required for all drugs covered by the Drug Plan except for insulin and urine-testing agents used by diabetics.

Special Coverage

Some residents are entitled to Prescription Drug Plan benefits at a reduced prescription charge:

- (a) All Saskatchewan Assistance Plan recipients are entitled to receive the following drugs without charge: insulin, oral hypoglycemics, injectable vitamin B12, and oral contraceptives. In addition, allergenic extracts and products used in megavitamin therapy are paid by Saskatchewan Health, Medical Services Division. Other formulary products are available to them at a reduced prescription charge of \$2.00.
- (b) Saskatchewan Assistance Plan beneficiaries who are nominated on the basis of drug need and persons 18 years of age or under who are dependants of Saskatchewan Assistance Plan beneficiaries are entitled to obtain all drugs listed in the Saskatchewan Formulary without charge.

Drug Coverage

All drugs listed in the Saskatchewan Formulary are covered by the Prescription Drug Plan. The Saskatchewan Formulary is a list of nearly 1,800 drug products. These products are high quality, valid therapeutic agents necessary for the diagnosis, prevention or treatment of mental and physical disorders. The Saskatchewan Formulary has been developed by the members of the Saskatchewan Formulary Committee, made up of representatives of physicians, pharmacists, pharmacologists and nurses appointed by the Minister of Health. In addition, the Drug Quality Assessment Committee inspects prescription drug manufacturing plants to

- (c) Saskatchewan Assistance Plan recipients in nursing homes and in approved homes are entitled to obtain all drugs without charge. Non-formulary drugs are paid by Saskatchewan Health, Medical Services Division.
- (d) Cystic fibrosis patients, paraplegics and chronic renal disease patients receive all disease-related drugs without charge. Non-formulary drugs are paid by Saskatchewan Health, Saskatchewan Aids to Independent Living (SAIL).

Product Interchangeability

Under the Prescription Drug Plan, pharmacists are expected to substitute lower priced products of equal quality in interchangeable drug categories to effect cost reductions. If a physician believes that a particular brand of drug is necessary for a particular patient, he or she must indicate "no substitution" on the prescription order. The pharmacist will then dispense the brand of drug specified by the physician.

Acquisition and Distribution of Drug Materials

The Drug Plan is not directly engaged in the purchase and distribution of drug products to pharmacies. This function is carried out by existing manufacturers and distributors.

The prices listed in the Saskatchewan Formulary are determined by two methods: Standing Offer Contracts and Maximum Allowable Cost.

1. Standing Offer Contract (SOC)

An SOC is a contract between a manufacturer and the Drug Plan to supply certain drug products to approved distributors at a contracted price. They, in turn, distribute the drugs to pharmacies.

The Saskatchewan Formulary Committee approves suppliers of particular drugs. All approved suppliers of that drug are invited to bid on a tender. An SOC is usually awarded to the supplier(s) who tenders the lowest price.

In some cases, SOC's are used to obtain quantity discounts for drug products which are supplied by a single manufacturer.

2. Maximum Allowable Cost (MAC)

The MAC method is used where the volume required of a particular drug is not sufficient to establish a Standing Offer Contract. Drug manufacturers must provide guaranteed maximum prices for each drug they have listed in the Saskatchewan Formulary. When a drug is listed in an interchangeable category, the Drug Plan will reimburse the pharmacy for its acquisition cost up to the lowest guaranteed price in the Saskatchewan Formulary for drugs in that interchangeable category.

Through its formulary system and drug acquisition policy, the Prescription Drug Plan has substantially reduced the costs of drug materials. As a result, Saskatchewan has achieved highly competitive drug prices.

Diabetic Policy

Diabetics do not require a physician's prescription to obtain insulin and urine-testing agents as benefits under the Prescription Drug Plan. A diabetic pays a maximum prescription charge of \$1.00 for each package of insulin or urine-testing agent.

Oxygen Policy

Medical oxygen must be prescribed to be a benefit under the Drug Plan and may be obtained from any approved Saskatchewan distributor of medical oxygen. The Prescription Drug Plan pays for the cost of the oxygen plus the transportation cost to a local distributor. With the exception of Saskatchewan Assistance Plan beneficiaries, the patient pays local transportation costs and the cost of cylinder rental.

Nutritional Products Policy

Certain nutritional products may be covered by the Prescription Drug Plan on "exception drug status" when certain specific disease states do not permit the utilization of food. The request for coverage must be made by the prescribing physician. If coverage is approved, the Prescription Drug Plan will reimburse the patient for 70 per cent of the nutritional supplement cost in excess of the first \$100 for some conditions, and in excess of the first \$1,000 for others.

Separate Annual Report

The Saskatchewan Prescription Drug Plan will publish a separate 1986-87 Annual Report. It will be available from the Executive Director, Saskatchewan Prescription Drug Plan, 3475 Albert Street, Regina, S4S 6X6.

8. Ambulance Services Unit

Objective

The objective of the ambulance services unit is to ensure the provision of high quality emergency transportation services for the residents of Saskatchewan. Specifically, it includes the development and enforcement of ambulance service

standards, the development and maintenance of an equitable funding mechanism, the provision of consultative services for ambulance boards and operators, and the administrative functions and protocol direction for the air ambulance program.

Road Ambulance Services

On April 1, 1983, the Ambulance Services Unit was established to fulfill the ambulance industry's regulatory and ambulance system's funding functions within the Department of Health. This consolidation of ambulance services in Health recognized the importance of prehospital care within the health care community.

There are 108 ambulance districts in Saskatchewan. Each district establishes an ambulance board comprised of representatives from participating municipalities. The ambulance board is responsible for providing ambulance service for their district and for setting patient charges. Boards can either provide this service through public operation or by contract with a private operator. To minimize patient fees, the Department of Health distributes an annual grant to the boards based on a funding formula.

In 1986, a new initiative, the Senior Citizens' Ambulance Assistance Program was implemented. This program limits charges to residents of Saskatchewan 65 years or older to \$150 per trip.

The Ambulance Services Unit is based in Regina. There are three ambulance consultants who conduct

inspections and visitations throughout Saskatchewan to ensure vehicles and equipment meet regulations, and to provide advice to both ambulance operators and boards.

The Education Co-ordinator monitors the training status of the ambulance personnel working in the Province.

In 1986-87, provincial grants to Ambulance District Boards totalled \$6.4 million. This compares to \$5.35 million paid in 1985-86.

Table 35. Road Ambulance Services, Saskatchewan, 1985-86 and 1986-87

Statistics	1985-86	1986-87
*Number of licensed ambulance services	104	107
Number of licensed ambulance vehicles	187	189

* Comprised of public, private and industrial licensed services.

Air Ambulance Service

The Ambulance Services Unit is also responsible for the approval of air ambulance requests from Saskatchewan residents and for the general administration of the service. Since the inception of the Air Ambulance Program in 1946, 29,421 patients have been transported as of March 31, 1987. This includes 28,514 flights and 16,164,351 air kilometres travelled with no record of injury to either crew or passengers during any of the flights. Air Ambulance Service, which is currently based in Saskatoon, is offered on a 24 hours-a-day, 365 days-a-year basis.

Saskatchewan Health establishes the standards and level of service required for air ambulances in conjunction with Air Transportation Services, Property Management Corp. That agency provides the actual air ambulance service, and charges Saskatchewan Health on a cost-per-kilometre basis. Patients are charged a percentage of the total cost of the flight, with Saskatchewan Health assuming the responsibility for the remainder of the expenses. Individuals flown within Saskatchewan are charged a flat rate of \$140 regardless of distance. The charge

for out-of-province flights is 62.5 cents per kilometre flown, based on the round trip distance.

Table 36: Saskatchewan Air Ambulance Services,
1985-86 and 1986-87

Location/Type of Craft	Number of Patients		Number of Flights	
	1985-86	1986-87	1985-86	1986-87
Within Province				
— Air Ambulance	471	464	437	432
— Charter	2	19	2	20
Sub Total	473	483	439	452
Outside Province				
— Air Ambulance	23	47	23	46
— Charter	14	16	14	15
Sub Total	37	63	37	61
Grand Total	510	546	476	513

9. Saskatchewan Hospital Services Plan

Objectives

- to administer the Saskatchewan Hospital Care Insurance Program
- to fund hospitals at a rate approved by the plan for health care provided to beneficiaries
- to ensure the maintenance of minimum standards of safety and patient care in hospitals and to provide a limited consulting service
- to authorize the expansion, improvement or addition of programs in hospitals
- to provide planning and financial assistance for hospital construction
- to provide advisory services to hospitals and municipalities in the administration of the Union Hospital Act
- to fund other approved facilities and programs for insured services provided to beneficiaries
- to administer the provisions of the Hospital Revenue Act

1986-87 Highlights

Effective April 1, 1986, the Information Systems Branch of Saskatchewan Health became responsible for issuing health services cards to eligible residents and for the provision of assistance to residents applying for health care through centralized regional offices.

Construction was completed on eight integrated facilities and construction began on totally new facilities at Fillmore and Gainsborough.

Phased construction is continuing on the Wascana Rehabilitation Centre.

Construction on Package 3 at Regina General Hospital with an estimated value of \$28 million is proceeding on schedule.

Construction on Phase 1, at a cost of \$52.7 million at St. Paul's Hospital, Saskatoon is on schedule.

The two floor expansion at the University Hospital is proceeding on schedule.

Construction on the \$16 million Saskatoon Cancer Clinic is underway.

A new 70 bed hospital at Nipawin was officially opened in the summer of 1986.

The major hospital expansion project at Yorkton was completed in 1986.

Hospital construction is well underway at Watrous, Watson, Lloydminster and Hudson Bay, while Maidstone will be completed in the spring of 1987.

Major Features of the Plan

Eligibility

New residents entering Saskatchewan from other parts of Canada are provided benefits from the first day of the third month following the date they

establish residence in the province and register with the Plan.

Benefits

In-province benefits include in-patient care at standard ward level in acute care hospitals, out-patient services to the level that individual hospitals and certain approved out-patient facilities are able to provide and physical therapy and osteopathy services provided by facilities which have an agreement with Saskatchewan Health.

Benefits are not restricted by age or pre-existing health conditions.

The plan also provides benefits for services provided by hospitals elsewhere in Canada, including standard ward care at rates established by the province or territory in which services are received and payment for out-patient services rendered that are a benefit within Saskatchewan.

Outside Canada payment (Canadian funds) will be made by the plan for all authorized services provided by an approved hospital to a Saskatchewan beneficiary who is temporarily absent from Saskatchewan. Payment will be based on the average daily charge to a maximum equal to 100 per cent of the average daily rate for Regina and Saskatoon hospitals in the preceding year.

For treatment not available in Canada, all fair and reasonable charges, plus exchange, will be paid provided the treatment was approved by the Saskatchewan Medical Care Insurance Commission, the Saskatchewan Cancer Foundation or the Alcohol and Drug Abuse Commission of Saskatchewan.

Extended Care

Effective July 1, 1981, Saskatchewan Social Services, Continuing Care Division, assumed responsibility for the provision of extended care (Level 4) services in all regional Level 4 facilities, excluding community hospitals. This responsibility was reassigned to Saskatchewan Health April 1, 1983.

As of March 31, 1987, nine regional Level 4 facilities in the province were providing 1,235 beds. General hospitals located in communities without a Level 4 facility are each allowed the option of allocating two beds for Level 4b patients (patients requiring skilled nursing care and specialized techniques to arrest or retard deterioration). As of March 31, 1987, 178 beds were available under this program.

Integrated Hospital-Special-Care Home Facilities

When introduced in October, 1984, this new health initiative provided for four pilot projects. The pilot program was expanded in the 5 Year Construction Plan announced by the Minister of Health on April 15, 1985. As of March 31, 1987, six of these facilities were operating in the province: Lampman, Lucky Lake, Rose Valley, Rabbit Lake, Goodsoil and Nokomis.

Integrated facilities are single structural and organizational entities which incorporate a small hospital and a small licensed special-care home. SHSP is responsible for providing the administrative support, while the Continuing Care Branch of Saskatchewan Health has program responsibility for the special-care residents. The facilities operate under the Saskatchewan Union Hospital Act, the Saskatchewan Hospital Standards Act, and the Housing and Special-care Homes Act.

Physical Therapy Services

Privately owned physical therapy facilities that have entered into a contractual agreement with the Minister of Health provide physical therapy services as a benefit of the plan.

Saskatchewan Cancer Foundation

The Foundation maintains two out-patient clinics: the Allan Blair Memorial Clinic in Regina and the Saskatoon Cancer Clinic. The clinics are responsible for the consolidation and co-ordination of the Saskatchewan cancer program. In 1986-87 the Saskatchewan Hospital Services Plan administered an appropriation of \$17,211,500 for cancer services.

The Foundation publishes its own annual report, which is available from the Saskatchewan Cancer Foundation, Suite 400, 2631 28th Ave., Regina, S4S 6X3.

Community Clinics

During 1986-87 community clinics were operating in Regina, Saskatoon, Prince Albert and Weyburn. These facilities are consumer-oriented organizations operated by community health associations and their elected boards of directors. They offer a wide range of health services. The board enters into agreements with general physicians and specialists for the provision of medical services. The association provides facilities and equipment required to operate the clinic. The operating budgets of the clinics are provided by the Plan.

Community Health and Social Centres

As of March 31, 1987, 11 community health and social centres were in operation in Delisle, Hodgeville, Leroy, Maryfield, Mossbank, Neudorf, Quill Lake, Raymore, Strasbourg, Willow Bunch and Zenon Park.

These facilities receive funding from both Saskatchewan Health and Saskatchewan Social Services. The basic components of their program are:

- (a) out-patient diagnostic and treatment services based on a regular visiting physician service
- (b) an on-call nurse to provide 24-hour emergency service
- (c) a homemaker/home care program
- (d) a social activity program primarily for elderly people
- (e) public health services
- (f) other home care services (e.g. Meals on Wheels, handyman, etc.)

Grants in Assistance of Clinical Services Provided by the Medical Education System (Clinical Services Fund)

Certain service-related areas in the medical education system receive funding from the Clinical Services Fund.

The Clinical Services Fund finances postgraduate education of interns and residents. It also funds the service component of the salaries of certain faculty members of the College of Medicine and some other service-related projects associated with medical education.

In 1986-87 the Saskatchewan Hospital Services Plan disbursed \$12,033,800 from the Clinical Services Fund.

Separate Annual Report

The Saskatchewan Hospital Services Plan (SHSP) publishes a separate annual report. This report provides details of the Plan together with statistical and financial data. Copies are available from the Executive Director, Saskatchewan Hospital Services Plan, T. C. Douglas Building, 3475 Albert Street, Regina, Saskatchewan, S4S 6X6.

10. Saskatchewan Medical Care Insurance Plan

Objective

To provide a wide range of medical benefits to Saskatchewan residents. The plan was inaugurated on July 1, 1962 and operates under the authority of

The Saskatchewan Medical Care Insurance Act, 1961.

Administration

The plan is administered by a Commission consisting of a minimum of seven and a maximum of eleven members appointed by the Lieutenant Governor-in-Council. Two of the Commissioners are nominated by the Saskatchewan Medical Association

and one by the Dean of Medicine, University of Saskatchewan. The remaining Commission members represent many disciplines and areas of residence.

Responsibilities

Regulatory powers are divided between the Lieutenant Governor-in-Council and Commission on the following basis:

1. Lieutenant Governor-in-Council Powers

- all issues pertaining to the nature and range of benefits administered by the Plan, as well as those matters having fiscal implications.

The Lieutenant Governor-in-Council may not make any regulations substantially affecting the operation of the Plan without first consulting the Commission.

2. Commission powers

- all matters governing arrangements to pay for insured services, rates of payment to providers of services, methods of payment and assessment of accounts.

Before making any regulations altering the general rates of payment for physician-insured services, the Commission is required to consult the Board of Directors of the Saskatchewan Medical Association.

Major Features of the Plan

Eligibility for benefits is solely dependent upon registration. No premiums are levied. Persons may register by contacting the Registration Division of Saskatchewan Health or administrators of towns, villages and rural municipalities.

(For details on registration, see page 61 in the Information Systems section of this report.)

A beneficiary is entitled to receive benefits, generally at Saskatchewan rates, for most insured services provided anywhere in the world. Payment for insured services is made on the basis of 100 per cent of the Commission's Payment Schedule and in accordance with its assessment rules.

Insured services include medical treatment by physicians, surgical procedures, including anaesthesia; diagnostic and laboratory services; chiropractic treatment visits and eye examinations by optometrists.

The signing on May 22, 1985, of Saskatoon Agreement II between the Saskatchewan Medical Association and the Government of Saskatchewan, formed the basis for subsequent amendments to The Saskatchewan Medical Care Insurance Act, effective August 1, 1985, which prohibits extra-billing by providers of insured services in Saskatchewan and establishes a new process to determine fair and

reasonable compensation for insured physician services.

Separate Annual Report

The Medical Care Insurance Commission publishes a separate annual report. This report and information booklets may be obtained by writing to the Commission Secretary, Medical Care Insurance Commission, T. C. Douglas Building, 3475 Albert Street, Regina, Saskatchewan, S4S 6X6.

11. Saskatchewan Alcohol and Drug Abuse Commission (SADAC)

Overview

The Saskatchewan Alcohol and Drug Abuse Commission (SADAC) provides alcohol and drug education and treatment services to Saskatchewan residents.

The Saskatchewan Alcohol and Drug Abuse Commission Act 1984-85 c.37, which governs SADAC, provides for at least eight and not more

than 12 board members appointed by the Lieutenant-Governor-in-Council. The members of the Board are appointed from throughout the province and represent varying interests and disciplines. SADAC reports through the Chairman to a designated member of Executive Council, currently the Minister of Health.

Objectives

SADAC is responsible for carrying out the following objectives:

1. to promote greater community awareness of the dimensions of the problems of alcohol and drug abuse, with a view to community action;
2. to provide early intervention of alcohol and drug abuse in order to reduce its social and emotional costs;
3. to assist, through community-based programs and co-operation with the social and legal systems, alcoholic and other chemically dependent persons, their families and associates;
4. to increase awareness of the resources and alternatives available in Saskatchewan to deal with alcohol and drug problems.

Highlights for 1986-87

On September 3, 1986 the Government of Saskatchewan announced a number of major initiatives to combat alcohol and drug abuse, particularly among adolescents, with SADAC as the lead agency.

The long-term program includes the following components:

- the establishment of Canada's first specialized youth treatment centre at the renovated site of the Canadian Forces Base - Whitespruce near Yorkton,
- a major public awareness campaign regarding the prevention of alcohol and drug abuse, directed at adolescents and their parents,
- expansion of SADAC's provincial network of funded agencies to provide various treatment services across Saskatchewan,
- the development of resource materials for educators, community and church group leaders, and health and social agencies which provide services to young people, and
- a co-ordinated justice program involving education, police, courts and other government authorities.

Organization

Executive Administration

Executive Administration is responsible for executive and professional support to the Chairman and the Board and for the direction of Commission operations. Executive Administration is responsible for the strategic and operational planning concerning the alcohol and drug abuse field in Saskatchewan, including provision of medical direction, consultation to clinical programs and liaison with provincial and federal agencies.

The Commission is organized into two service components: Provincial Services and Regional Services.

Provincial Services

Provincial Services consists of Administration, Prevention and Training, and Evaluation and Research divisions.

The Administration Division is responsible for the administrative direction of Commission activities including the implementation of Board policies and the funding of allied agencies.

The Prevention and Training Division provides information, print and audio/visual materials and resource personnel to Commission staff and the general public.

The Evaluation and Research Division is responsible for promoting, initiating and conducting research on alcohol and other drug-related disabilities. Research is aimed at planning and evaluating programs and policies which improve service delivery and counteract alcohol and other drug abuse.

Regional Services

Within Regional Services, alcohol and drug programs are co-ordinated by three geographic divisions, North, Central, and South.

By promoting awareness and understanding of the extensive problems associated with chemical abuse, SADAC helps mobilize Saskatchewan communities into action on alcohol and other drug abuse problems. Through co-ordinators in 15 regions, SADAC works with communities in developing a co-ordinated teamwork approach to deal with all forms of drug abuse problems.

The purpose of rehabilitation services in the central and southern divisions is to co-ordinate, promote and conduct programs for treating and rehabilitating those abusing or dependent upon alcohol and other drugs, and their families. Increasing emphasis is being placed on assessment, referral, treatment and aftercare for adolescents.

SADAC operates rehabilitation centres in Saskatoon and Regina. Another 34 agencies are funded by SADAC to provide detoxication, in-patient and out-patient services throughout the province.

Separate Annual Report

A comprehensive annual report is published by Saskatchewan Alcohol and Drug Abuse Commission. For a copy of SADAC's annual report, please contact:

Information Services Officer, SADAC
3475 Albert Street
Regina, Saskatchewan
S4S 6X6

12. Provincial Laboratories and Communicable Disease Control

Objectives

- To assist in the prevention, diagnosis, and treatment of individuals resident in any part of the province by providing health-related tests for a wide variety of specimens from hospitals, physicians, government and municipal agencies, and concerned individuals and by supplementing testing services provided locally.
- To assist in the maintenance of a healthy physical environment by providing most laboratory tests required by Saskatchewan Environment.
- To serve as a control, consultative and support service to public health and other health professionals regarding communicable disease.
- To act as a supply and distribution centre for vaccines, sera and biologicals.
- To act as a centre for the collection and analysis of communicable disease statistics.

Provincial Laboratories

Demands for laboratory services have steadily increased over the years. In 1958-59, when the present laboratory was occupied, 43 staff received and tested 159,000 specimens. In 1986-87, 100 staff members received 691,100 specimens for testing.

A determined effort is made to deliver laboratory service that is reliable, convenient and prompt. Specimen containers, mailing outfits and requisitions are provided free of charge to physicians and hospitals. To minimize the interval between mailing of

a specimen and receiving a report, the laboratories operate six days a week. Mail and bus express packets are collected twice daily. Many specimens are delivered directly to the laboratories by local taxis or by daily couriers from Prince Albert, Saskatoon, Swift Current and Moose Jaw. All findings are reported by mail, but reports are telephoned when requested by the sender or when observed findings are grossly abnormal.

Protective Tests

Protective tests are conducted on selected specimens to help prevent illness. Such tests may detect unsuspected threats to the health of individuals or to the environment, allowing corrective or defensive measures to be adopted before serious harm is done. The tests may signal inadequate protection against infectious disease agents for which vaccines are available, indicate metabolic disorders which may be compensated for, or detect dangers to the community and/or the environment.

A variety of tests is required to confirm the suitability of surface or ground waters for drinking, cooking and bathing. In 1986-87, 16,316 water samples from municipal distribution systems, 14,328 water samples

from private wells and 1,395 water samples from swimming pools were tested for inadequate protection of the water supply and/or inadequate chlorination. In addition, some 2,647 spot checks were made of fluoride ion content in waters from municipal distribution systems where fluoridation is practised.

Saskatchewan Environment requires a more comprehensive battery of tests for surface waters and industrial waste waters. Some 3,445 samples of water from reservoirs, lakes, streams, rivers, lagoon effluents and industrial wastes were tested for the Water Pollution Control Branch. The Air Pollution Control Branch submitted 45 washings from areas

Table 37: Variety and Volume of Services Provided, Provincial Laboratories, Saskatchewan, 1985-86 and 1986-87

	Specimens (thousands)		Work Units (thousands)		Annual per cent change
	1985-86	1986-87	1985-86	1986-87	
Total services	660.6	708.2	13,637	15,597.2	14.3
Protective services	99.5	104.8	3,058	3,090	1.0
Water — Private wells and swimming pools	15.0	15.7	326	345	—
— Municipal systems	12.6	16.5	164	174	—
— Commercial chemical	3.6	4.5	404	422	—
— Environment Department	3.4	3.4	667	657	—
Air samples and urea formaldehyde	0.4	0.2	7	4	—
Dairy and food	7.4	8.6	278*	321	—
Screening tests:					
Neonatal — PKU	18.0	17.7	152*	149	—
— Hypothyroidism	17.7	19.8	184	177	—
Prenatal-prenatal-rubella	19.5	16.6	586	498	—
Post-mortem toxic substances	1.9	1.8	290	343	—
Diagnostic services	561.1	603.4	10,579	12,507.2	18.2
Microbiology	273.2	296.7	5,938	7,404.3	
Chemistry	287.9	306.7	4,641	5,102.9	

* The 1985-86 figures reporting work units may differ from those included in the 1985-86 Saskatchewan Health Annual Report. These figures have been revised to reflect a new definition of work units as established by Statistics Canada. All figures in this year's report are based on the new definition.

adjacent to potash mines to test the atmospheric fall-out of potash dust onto farms. A total of 201 samples of air washings from foam insulated homes were analyzed for content of formaldehyde to determine whether significant concentrations were being released by the insulation. Some 583 samples of selected fish from Saskatchewan lakes and rivers were submitted by Saskatchewan Environment and Saskatchewan Tourism and Renewable Resources for mercury analysis. The findings of such tests enabled identification of fishing areas where mercury levels in fish were likely to exceed 0.5 parts per million, a level considered unsafe for consumers.

Protective tests are made on retail dairy products. Dairy product samples totalling 8,562 were tested at the Provincial Laboratories in Regina.

The Provincial Laboratories conduct four screening programs, three to protect the health of newborns or the unborn. The disorders of phenylketonuria (PKU) and hypothyroidism may cause irreversible brain damage if not identified and treated in the first weeks of life. The 17,777 samples tested for PKU indicated one infant was born with PKU in 1986-87. The 17,460 samples screened for hypothyroidism led to identification of eight bona fide cases in need of treatment. Although the numbers of discovered cases of PKU or hypothyroidism are small, screening is cost-effective because life-long support

for undiagnosed and untreated cases is extremely expensive.

A third screening program is directed towards the prevention of congenital rubella. Rubella virus infection contracted early in pregnancy may cause very serious damage to the fetus. To identify the seven per cent of women of childbearing age who lack protective antibodies, 16,557 premarital and prenatal blood samples were tested. Blood donors found to lack such antibodies are urged by their physician to seek vaccination before they become pregnant. If already pregnant, they are advised to try to avoid contact with any rubella patient, or to contact their physician if suspected or definite contact has occurred.

A fourth screening program assists the treatment of drug addicts by identifying those patients on methadone treatment who continue taking illicit drugs.

Toxicological laboratory tests are performed to assist in medicolegal investigations. Specimens of blood, urine, stomach contents, tissues, powders and fluids are examined to help physicians, coroners and law enforcement agencies determine whether a drug or toxic chemical may have contributed to an accident, illness or death. Investigation of 611 fatal cases required 1,762 specimens to be searched for toxic substances.

The laboratories provide a 24-hour toxic substance identification service to help physicians manage patients who accidentally or deliberately may have ingested a toxic substance or drug. Tests on such

specimens included examination of 5,068 samples. Findings are telephoned when requested within minutes or hours of receipt of specimen.

Table 38: Variety and Volume of Diagnostic Services, Provincial Laboratories, Saskatchewan, 1985-86 and 1986-87

	Specimens (thousands)		Work Units (thousands)		Annual per cent change
	1985-86	1986-87	1985-86	1986-87	
Total	561.1	603.4	10,579	12,507.2	18.2
Microbiology	273.2	296.7	5,938.0	7,404.3	24.6
Syphilis	52.7	46.0	467.8*	412.6	
Gonorrhoea	4.4	5.0	49.0	54.0	
Sore throats	32.2	32.7	225.0	327.0	
Boils, wounds, tissue, blood and CSF	46.7	49.8	727.7*	766.2	
Media preparation	—	—	713.0*	698.0	
Urinary tract	52.2	52.3	782.0*	785.0	
Gastroenteritis	11.6	14.3	208.5*	262.5	
Tuberculosis	2.4	2.6	107.0*	114.0	
Parasites	10.3	12.9	164.0*	213.0	
Fungal infections	2.6	3.2	286.0	347.0	
Rheumatic fever and collagen disorder	29.6	31.1	929.0	1,006.0	
Virus infections — for isolation	13.5	26.3	534.0	1,039.0	
— for rubella serology	6.6	6.7	325.0*	988.0	
— for other serology	8.4	13.8	459.0*	392.0	
Chemistry	287.9	306.7	4,641	5,102.9	10.0
Radioimmunoassay*	139.3	145.4	2,073.0*	2,345.0	
Enzymes-Metabolites — Drugs	129.9	139.5	2,049.0*	2,130.0	
Urine hormones	3.1	3.8	311.0	311.9	
Trace metals in blood and urine	1.4	1.6	18.0	21.0	
Proficiency Testing — hospitals	2.0	3.8	114.0	218.0	
Referrals — other laboratories	12.2	12.6	76.0*	77.0	

* The 1985-86 figures reporting work units may differ from those included in the 1985-86 Saskatchewan Health Annual Report. These figures have been revised to reflect a new definition of work units as established by Statistics Canada. All figures in this year's report are based on the new definition.

Clinical Diagnostic Services

Modern medicine relies on laboratory tests to aid in the early diagnosis of illness and to permit swift treatment when required. Each year, advances in applied microbiology, biochemistry, genetics and pharmacology allow more diseases to be treated effectively. Patients expect swift diagnosis and relief of pain. This expectation, coupled with the drive to minimize hospital admissions or lengths of stay, requires the rapid processing of such diagnostic tests.

A determined effort is made to complement whatever laboratory service may be available locally. This often means doing specimen tests for doctors' offices and small hospitals. There are also many infrequently required, difficult-to-maintain, and

expensive tests that are impractical for even large laboratories to undertake. Consequently, at times specimens are referred to a larger laboratory that offers a desired test. Any charges incurred for tests on specimens relayed to other laboratories are borne by the Provincial Laboratories. In 1986-87, 2,802 specimens were referred to out-of-province laboratories.

Another 9,770 specimens were referred to in-province laboratories.

Services to Diagnostic Laboratories

In addition to providing, free of charge, tests needed in microbiology and chemistry that are beyond the capacity of hospital or clinic laboratories, the Provincial Laboratories also offer a variety of services to other laboratories for tests they perform. Technical advice on the selection and/or interpretation of test procedures is offered upon request. Reference and check samples are mailed out each month to 123 hospital laboratories participating in a performance and standard evaluation program (PAS). Bacteriological media are supplied for the first year that a hospital undertakes, with a qualified technologist, to provide Level I bacteriology service. For hospitals without a local bacteriology laboratory, sterility check tests are offered. Blood samples of hospital and medical staff with close patient contact are periodically examined for exposure to such agents as rubella, poliomyelitis, hepatitis or influenza.

Research and Consultative Services

All research is directed towards investigating laboratory tests for infectious, metabolic and degenerative disorders. Considerable investigation and in-house testing is necessary to evaluate specificity, sensitivity and cost of newly-described procedures. Continuous research ensures all procedures are as reliable, rapid, economical and useful as possible.

Many requests for technical information or advice are received from physicians, hospital staff, teachers, engineers, architects, consumer groups and concerned individuals. Every effort is made to answer these queries, or to refer questions to the appropriate agency or individual.

Communicable Disease Control

The Communicable Disease Control Division offers consultation and support services to health professionals and individuals, and distributes vaccines, sera and biologicals for disease prevention and treatment. The division serves as the main agency for the collection and analysis of communicable disease statistics.

Formerly part of Community Health Services Branch, the division was combined with the Provincial Laboratories in March, 1986 to form the Provincial Laboratories and Communicable Disease Control Branch.

Specific Disease Control and Surveillance Programs

Hepatitis A

A marked decline in cases was seen in 1986 when 287 cases were reported compared with 864 in 1985.

Hepatitis B

Hepatitis B vaccine continued to be supplied to high risk patients and health care workers. Immunization consists of a series of three doses of vaccine over a seven-month period. Since the start of the program over 3,000 individuals have received complete courses of the vaccine.

The program is primarily to protect health care workers from contracting the disease.

Rabies

In 1986, 81 persons received human diploid cell

rabies vaccine following exposure to potentially rabid animals. This is a decrease from 88 persons vaccinated in 1985. Rabies in humans can be prevented with rabies vaccine. The proof — the last human case in Saskatchewan was in 1970.

Salmonellosis

A slight increase in reported cases was seen in 1986 with 317 reports received compared with 199 in 1985. Most cases reported were of a sporadic nature.

Western Equine Encephalitis (WEE)

No human case was reported in 1986. The WEE surveillance program identified a low level of WEE virus in mosquitoes during the summer of 1986. The surveillance program and promoting of mosquito control programs continue.

Sexually Transmitted Diseases

During the last ten years the number of cases and the rate per 100,000 for gonorrhoea and syphilis have markedly declined as the following table shows:

Gonorrhoea and Syphilis Cases, Selected Years

	Male	Female	Total
1977	2,326	1,286	3,612
1983	1,311	741	2,052
1984	1,213	629	1,842
1985	1,257	720	1,977
1986	1,061	657	1,718

In 1984, chlamydia infections became notifiable. The reported rate of chlamydia is now very similar to that of gonorrhoea.

Acquired Immunodeficiency Syndrome (AIDS)

In 1986, eight cases were reported compared to four

in 1985. The incidence rate of clinical AIDS in Saskatchewan remains lower than the national average. The accumulated number of clinical AIDS cases reported in Saskatchewan up until the end of 1986 was 13. There have been six deaths.

Table 39: Reported Cases and Deaths From Selected Notifiable Communicable Diseases, Saskatchewan, 1982 to 1986

	Yearly Distribution									
	1982		1983		1984		1985		1986	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Acquired Immunodeficiency Syndrome (AIDS)					1	—	4	2	8	4
Ameobiasis	9	—	18	—	17	—	26	—	48	—
Brucellosis	—	—	—	—	—	—	—	—	—	—
Chickenpox*	—	—	—	—	—	—	—	—	1,378	—
Diphtheria	6	—	4	—	—	—	—	—	—	—
Gastroenteritis	900	1	418	—	778	2	591	1	648	—
Giardiasis	92	—	112	—	254	—	215	—	277	—
Gonorrhoea	2,467	—	2,029	—	1,814	—	1,958	—	1,738	—
Hepatitis A	83	—	140	—	777	—	864	2	287	4
Hepatitis B	161	1	109	2	107	3	143	1	39	—
Hepatitis B Carrier**	—	—	58	—	86	—	64	—	89	—
Legionellosis*	—	—	—	—	—	—	—	—	1	3
Leprosy	—	—	—	—	—	—	—	—	—	—
Malaria	4	—	1	—	1	—	5	—	1	—
Measles	37	—	2	—	10	—	11	—	819+	—
Meningococcal Infections	3	2	7	—	3	2	2	—	9	1
Meningitis Bacterial										
Haemophilus	37	1	31	2	36	—	17	2	36	—
Pneumococcal	9	—	9	—	7	1	7	—	6	1
Other	19	1	8	1	15	1	9	1	6	1
Meningitis Viral or Aseptic	147	2	71	1	138	—	27	—	44	—
Mumps	131	—	41	—	21	—	23	—	10	—
Pertussis	7	—	16	—	31	—	43	—	14	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—
Rubella	65	—	81	—	31	—	27	—	230	—
Congenital Rubella	—	—	—	—	—	—	—	—	—	—
Salmonellosis	458	1	832	—	495	1	199	1	317	—
Shigellosis	620	—	281	—	324	1	252	—	503	—
Syphilis	22	—	23	—	28	—	19	—	4	—
Tuberculosis	91	2	99	4	94	7	123	5	135	10
Typhoid & Paratyphoid	1	—	1	—	5	—	3	—	—	—

* Incidence available as of 1986

** Notifiable as of 1983

+ Of these only 345 were confirmed cases.

1982 - 1985 — Final mortality figures of Saskatchewan Residents (Stats. Canada)

1986 — Preliminary mortality figures (Saskatchewan Occurrences only)

Table 40: Reported Cases and Deaths From Selected Notifiable Communicable Diseases, Actual Rates Per 100,000 Population Saskatchewan, 1982 to 1986

	Yearly Distribution									
	1982		1983		1984		1985		1986	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Acquired										
Immunodeficiency Syndrome (AIDS)					0.1	—	0.4	0.2	0.8	0.4
Ameobiasis	0.9	—	1.8	—	1.7	—	2.3	—	4.8	—
Brucellosis	—	—	—	—	—	—	—	—	—	—
Chickenpox*									136.4	—
Diphtheria	0.6	—	0.4	—	—	—	—	—	—	—
Gastroenteritis	91.7	0.1	41.8	—	75.6	0.2	58.0	0.1	64.2	—
Giardiasis	9.4	—	11.2	—	24.7	—	21.1	—	27.4	—
Gonorrhoea	251.4	—	202.9	—	176.3	—	192.1	—	172.1	—
Hepatitis A	8.5	—	14.0	—	75.5	—	84.8	0.2	28.4	0.4
Hepatitis B	16.4	0.1	10.9	0.2	10.4	0.3	14.0	0.1	3.9	—
Hepatitis B Carrier**			5.8	—	8.4	—	6.3	—	8.8	—
Legionellosis*									0.1	0.3
Leprosy	—	—	—	—	—	—	—	—	—	—
Malaria	0.4	—	0.1	—	0.1	—	0.5	—	0.1	—
Measles	3.8	—	0.2	—	1.0	—	1.1	—	81.1+	—
Meningococcal Infections	0.3	0.2	0.7	—	0.3	0.2	0.2	—	0.9	0.1
Meningitis Bacterial										
Haemophilus	3.8	0.1	3.1	0.2	3.5	—	1.7	0.2	3.6	—
Pneumococcal	0.9	—	0.9	—	0.7	0.1	0.7	—	0.6	0.1
Other	1.9	0.1	0.8	0.1	1.5	0.1	0.7	0.2	0.6	0.1
Meningitis Viral or Aseptic	15.0	0.2	7.1	0.1	13.4	—	2.7	—	4.4	—
Mumps	13.4	—	4.1	—	2.0	—	2.3	—	1.0	—
Pertussis	0.7	—	1.6	—	3.0	—	4.2	—	1.4	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—
Rubella	6.6	—	8.1	—	3.0	—	2.7	—	22.8	—
Congenital Rubella	—	—	—	—	—	—	—	—	—	—
Salmonellosis	46.7	0.1	83.2	—	48.1	0.1	19.5	0.1	31.4	—
Shigellosis	63.2	—	28.1	—	31.5	0.1	24.7	—	49.8	—
Syphilis	2.2	—	2.3	—	2.7	—	1.9	—	0.4	—
Tuberculosis	9.3	0.2	9.9	0.4	9.1	0.7	12.1	0.5	13.4	1.0
Typhoid & Paratyphoid	0.1	—	0.1	—	0.5	—	0.3	—	—	—
Population***	981,400		1,000,000		1,029,000		1,019,500		1,010,200	

* Incidence available as of 1986

** Notifiable as of 1983

*** Statistics Canada population figures (revised 1982)

+ Of these only 345 were confirmed cases.

1982 - 1985 — Final Mortality figures of Saskatchewan Residents (Stats. Canada)

1986 — Preliminary Mortality figures (Saskatchewan Occurrences only)

13. Information Systems Branch

Objectives

- To register residents as beneficiaries of Saskatchewan Health programs through the issue of Health Services Cards
- To provide an accurate, comprehensive, current and accessible Health Insurance Registration File
- To identify information systems needs in Saskatchewan Health and, where appropriate, implement information technology to meet those needs
- To maximize the benefits to be gained from informatics expenditure in Saskatchewan Health

Responsibilities and Services

Registration of Beneficiaries

The Health Insurance Registration function, previously a division of the Saskatchewan Hospital Services Plan, was transferred to the new Information Systems Branch of Saskatchewan Health when the branch was established on April 1, 1986. This Division is responsible for registering residents of the Province for health services under the authority of The Saskatchewan Hospitalization Act, Saskatchewan Medical Care Insurance Act and related regulations.

Eligibility for Benefits

Permanent residents of Saskatchewan, who have registered, are entitled to a broad range of Saskatchewan Health services.

Applications and assistance in registering are available at the Health Insurance Registration offices in Regina, Saskatoon, Prince Albert, North Battleford, Yorkton and Swift Current. Municipal administration offices in other locations maintain a supply of application forms and information pamphlets.

After registration, benefits for new residents entering Saskatchewan from other parts of Canada are provided from the first day of the third calendar month following the date of establishing residence in the province.

After registration, benefits for new residents entering Saskatchewan from outside Canada are provided from the date they establish residence in Saskatchewan. These residents include:

- returning Canadian citizens
- returning residents
- landed immigrants
- non-immigrants which include members of religious orders in Canada to carry out their duties, students, or persons engaged in a legitimate trade, profession or occupation
- discharged members of the R.C.M.P. and Canadian Forces

Members of the Canadian Forces, The Royal Canadian Mounted Police and inmates of the federal penitentiaries are excluded from registering since they receive benefits under federal programs.

Permanent residents may remain insured during their absence provided they spend a minimum of four months each year in the Province. In certain circumstances, residents may remain insured while absent for up to one year provided they intend to return to live in Saskatchewan.

Beneficiaries who leave the province to reside elsewhere are provided benefits only for the month during which they establish permanent residence elsewhere, plus the next two full months.

Persons who enter into employment contracts for work outside of Canada, not exceeding 24 months, and who intend to return and reside in the province, may be eligible for benefits for the entire period of their employment.

Certain residents become beneficiaries as a result of other provincial programs such as:

- Saskatchewan Assistance Plan recipients who have been nominated for health services benefits,
- children in the care of the Minister of Social Services,
- inmates while serving a sentence in a provincial correctional facility,
- in-patients in mental hospitals and persons voluntarily admitted to psychiatric wards.

Saskatchewan students who leave the province for full time attendance at an educational institution and who intend to return to reside in Saskatchewan upon completion of their studies are eligible for benefits for the duration of their studies outside of Saskatchewan.

Table 41: Primary Registration Activities
1985/86 and 1986/87

	1985/86	1986/87
New Family Registrations	14,116	14,833
Family Address Changes	89,550	103,048
Deaths	8,576	8,144
Families Left Province	16,115	16,515
All Beneficiary Changes	343,972	371,425
Social Services		
Nominations/Cancellations	49,418	52,583
Annual Health Services		
Cards Mailed	516,648	518,975

Table 42: Distribution of Covered Population* By Age Group, Sex
and Type of Residence, 1966 Compared to 1986

Year 1966								
Group	Males	Females	Total	Cities	Towns	Villages	Rural	Reservations
Total	484,979	466,455	951,434	364,113	135,551	94,881	326,971	29,918
Under 1	10,028	9,473	19,501	8,196	2,624	1,749	5,605	1,327
1 - 4	45,211	43,365	88,576	35,632	11,672	8,563	27,536	5,173
5 - 14	109,777	104,174	213,951	76,551	28,106	20,781	79,340	9,173
15 - 24	76,573	75,165	151,738	59,527	20,435	14,191	52,339	5,246
25 - 44	105,624	105,009	210,633	90,700	27,698	18,514	68,243	5,478
45 - 64	91,434	86,764	178,198	61,236	25,531	18,245	70,707	2,479
65 +	46,332	42,505	88,837	32,271	19,485	12,838	23,201	1,042

Year 1986								
Group	Males	Females	Total	Cities	Towns	Villages	Rural	Reservations
Total	523,245	518,113	1,041,358	511,815	173,124	78,055	226,918	51,446
Under 1	8,711	8,034	16,745	8,034	2,561	1,444	3,006	1,700
1 - 4	36,380	34,909	71,289	33,155	10,902	5,931	14,611	6,690
5 - 14	83,218	79,549	162,767	71,622	24,868	12,423	40,537	13,317
15 - 24	91,190	86,921	178,111	90,903	25,151	11,661	38,225	12,171
25 - 44	154,637	146,927	301,564	164,404	43,958	19,833	61,588	11,781
45 - 64	90,693	90,648	181,341	85,556	29,904	13,044	48,581	4,256
65 +	58,416	71,125	129,541	58,141	35,780	13,719	20,370	1,531

* A detailed "Covered Population Report" is published yearly and is available for a charge from Saskatchewan Health. "Covered Population" refers to all persons eligible to receive insured health services. These figures will not agree with Statistics Canada census figures.

Health Insurance Registration File

The Health Insurance Registration File is a central computer record of all residents eligible for Saskatchewan Health services.

The file is updated weekly for: changes in addresses, newborns, deaths, changes in names, new residents, departing residents, and Social Services supplementary health coverage for those deemed to be in need.

Eligibility for most Saskatchewan Health programs including medical care, hospital care, prescription drugs, children's dental care, mental health services, supplementary health services, aids for the

handicapped, hearing aids, chiropody services and ambulance services is determined through file comparisons.

The file is also used to check eligibility for other government departments including: Social Services, Education, Saskatchewan Home Program, Saskatchewan Pension Plan, Agriculture and Indian Medical Services.

The common registration numbers assigned to beneficiaries under all health programs allows research to be carried out by the Department or by outside researchers interested in the relationship between health services and other vital events for those same beneficiaries.

Information Technology

Saskatchewan Health spent in excess of \$5 million during 1986/87 on information technology, not including the amount spent by non-government agencies funded by Health. The effective use of information technology is vital for efficient administration of health programs and expenditures. The technology in use ranges from large computer systems, such as that used to process physician accounts by the Medical Care Insurance Commission, to the use of word processors to improve the speed and accuracy of typing.

The role of planning, co-ordinating, prioritizing and controlling this decentralized information technology became the responsibility of the Information Systems Branch following the appointment of its first Director, Ian Rogers, on July 1, 1986.

The branch is also responsible for operation, maintenance and training in connection with a central word processing system, with 33 workstations and 20 printers, in the T.C. Douglas Building.

14. Communications and Health Education Branch

Objectives

The overall objectives of the branch are to:

- co-ordinate the many resources and processes within the department which have direct impact on its communications and health education capabilities,
- integrate communications and health education closely with executive decision-making processes within the department,
- continually reassure and reinforce the positive aspects of the health system to the Saskatchewan public,
- provide resource centre services for all department staff and to provide resource

materials on a limited basis for educators and health professionals outside of the department,

- develop an annual communication plan and strategies to carry out the plan,
- develop an annual health education plan, and,
- act as a liaison between the department and the media, the department and advertising consultants, and provide consultative services for branches dealing with these aspects of communications.

The branch has three divisions: Information and Production Services, Education Services and the Resource Centre.

Activities and Services

Information and Production Services

This unit is responsible for serving the information and production needs of the agencies and branches in the department. These responsibilities involve providing a wide variety of services such as:

- consulting with branches on annual plans,
- providing design and content expertise on a wide range of individual communication projects,
- writing speeches, preparing news releases, the Saskatchewan Lifestyles columns, and writing/producing Contact, the department's quarterly employee news magazine,
- preparing and producing the department's annual report,
- co-ordinating production assignments with outside agencies,
- arranging public relations functions, such as sod turnings, openings, and special events.

Information and Production Service Activities

Consultations with branches	692
News releases	92
Communications Projects completed	173
Public Relations Functions completed	62
Saskatchewan Lifestyles columns	19

Education and Resource Centre Services

Education

The education division provides co-ordination and direction to department health education programs. Staff of this division provide consultative and support services to health professionals and educators within the department, in other government departments and other organizations which provide health information and education.

Programs of this division include a non-smoking program in Saskatchewan schools, Minister's Commendation Certificates for people who quit smoking, employee fitness, and healthy lifestyles public education.

The branch operates the "Health Is It" project for high school students, in co-operation with school staff and community health personnel. "Health Is It" encourages the 45 participating schools to address the health concerns of young people.

The health educators participated in 20 workshops, resource speaking engagements and conferences on topics covering self esteem, lifestyle management enhancement, and physiological effects of smoking.

Education and Resource Centre Activities

Resource Consultations	1,072
Resource Material Requests	2,748
Library Loans	11,119
Inter-library Loans	4,448
Library Acquisitions	1,700
Reference Requests	1,213
Computer Searches	103
Audio Visual Equipment Loans	740
Inquiry Line	5,613

Resource Centre

The Resource Centre provides research and information services to departmental personnel, allied health professionals, and students via direct access and inter-library loans.

The inter-library loan service was enhanced with the implementation of electronic messaging in April of 1986.

Computer searches continue to be an essential service of the Resource Centre.

As a member of the Health Sciences Library Council, the Resource Centre participated in the development of a Union List of Serials. This list contains the serial holdings of all member libraries and is now a valuable service tool for the Resource Centre.

Saskatchewan Child and Youth Safety Committee

Since 1982, the Child and Youth Safety Committee has sought ways to reduce accidental injury and death among Saskatchewan youth.

The Committee, which was appointed by the Minister of Health, is composed of representatives of health professions, safety and health agencies, government departments, educators and the public.

The committee conducts research into the causes and prevention of accidents, and makes recommendations for action. In addition, the Committee fosters the development of local groups working for child safety.

15. Saskatchewan Vital Statistics

Objective

To maintain and operate a province-wide system for registration of births, stillbirths, deaths, marriages, divorces, adoptions and changes of name which occur in Saskatchewan according to the terms of The Vital Statistics Act and The Change of Name Act. A detailed account of vital data may be found in Saskatchewan Health's Vital Statistics Annual Report.

In addition to the registration and statistical function, the Vital Statistics Division provides a variety of services to Saskatchewan residents, including searching of vital records and issuing of certificates as legal proof of registered events. The general costs of maintaining the registration system are borne by the provincial government. However, the costs for specific services requested by individuals are paid for by the individuals themselves. Accordingly, a fee is charged for searching records and issuing certificates.

The Division of Vital Statistics works closely with approximately 800 registrars throughout the province in the collection of vital data. Municipal secretaries and town and city clerks serve as registrars. These registrars forward their returns of birth, death, and stillbirth registrations on a weekly basis to the division office in Regina. The Division of Vital Statistics also receives registrations of marriages from clergy and marriage commissioners. Notices of divorces, annulments, and adoptions are received from court officials within the province's judicial districts.

All birth, death, stillbirth, and marriage data collected at the provincial level are forwarded regularly to Statistics Canada in Ottawa and are used to compile national vital statistics.

Legislation

The Division of Vital Statistics is responsible for administering:

The Vital Statistics Act

This Act provides for the registration of all vital events which occur in Saskatchewan. Subsequent to registration, certificates confirming the registration may be obtained from the Division of Vital Statistics by applying in the prescribed form and paying the prescribed certificate fee. In cases where events were not registered at the time of occurrence, there is provision for delayed registration if the necessary documentation is submitted.

The Change of Name Act

The Change of Name Act provides residents of Saskatchewan 18 years of age and older with the opportunity to apply for a legal change of name. Applications for a change of name are reviewed in the Division of Vital Statistics and, if accepted, the change of name is registered and subsequently published in The Saskatchewan Gazette. Following registration and publication of the change of name, and payment of the prescribed fee, the applicant is provided with an official change of name certificate.

Highlights and Trends

Population Trends

The census population of 1,010,198 for 1986 represents a decrease of 0.91 per cent from the 1985 estimated population of 1,019,500. However, the population has increased significantly from a low of 899,700 in 1974.

Death Rate and Causes of Death

The 1986 death rate of 7.9 per 1,000 population was the same as that experienced in 1985.

Heart disease and malignant neoplasms (cancer) were the leading causes of death in 1985 and 1986. The rates per 100,000 population for heart disease and malignant neoplasms in 1986 were 250.2 and 185.3 respectively.

Birth Rate

The birth rate of 17.3 per 1,000 population decreased slightly from the 1985 rate of 17.8.

Marriage Rate

The marriage rate in 1986 of 6.8 per 1,000 population decreased slightly from the 1985 rate of 7.0.

Divorces and Annulments

In 1986 a total of 2,428 divorces and annulments were registered under The Vital Statistics Act in Saskatchewan. This does not represent the total number of divorce petitions filed in 1986 since some petitions are not yet finalized.

Table 43: Vital Statistics Saskatchewan, 1985 and 1986

	1985	1986*
Item		
Population (1,000s)	1,020	1,010
Live births	18,162†	17,507
Rate‡	17.8†	17.3
Deaths	8,031†	8,012
Rate‡	7.9†	7.9
Natural increase	10,131†	9,495
Rate‡	9.9†	9.4
Infant deaths	200†	154
Rate**	11.0†	8.8
Stillbirths		
(28+ weeks gestation)	70†	69
Rate***	3.8†	3.9
Perinatal deaths		
(28+ weeks gestation)	166†	145
Rate***	9.0	8.2
Marriages	7,132†	6,821
Rate‡	7.0	6.8
Divorces and annulments	1,927†	2,428

* Preliminary figures

† Revised figures

‡ Rate per 1,000 population

** Rate per 1,000 live births

*** Rate per 1,000 total births

16. Policy Research and Management Services Branch

Objectives

- To provide a variety of support services to the Deputy Minister's office
- To develop health policy and to plan, co-ordinate and evaluate initiatives in health programming
- To evaluate existing health programs in order to suggest policy, program and cost/benefit improvements
- To carry out a wide variety of strategic planning and evaluation activities, including those affecting
 - supply and demand for health human resources and professional legislation
- To work with health professional associations and other public interest groups on matters involving health
- To co-ordinate the policy, and activities which surround federal/provincial and inter-provincial initiatives in the health field

17. Payment Negotiation Unit

Objective

To co-ordinate and consolidate negotiation and labor relations activity formerly undertaken by the Deputy Minister's office, the Saskatchewan Hospital Services Plan and the Department of Social Services.

The Payment Negotiation Unit acts as observer and consultant at bargaining tables involving the Saskatchewan Health-Care Association and the Saskatchewan Association of Special Care Homes, and the various unions representing employees in hospitals, special-care homes and central laundries.

The Payment Negotiation Unit provides the chief government negotiator in negotiations with the various professional and business organizations

which contract with the government for the provision of health services. Other negotiating committee members are drawn from the program agencies involved.

The work of the unit keeps department officials aware of the budget implications of impending settlements and facilitates funding decisions in the health care field. The Payment Negotiation Unit serves as a liaison between the funding agencies and the various bargaining unit representatives. The unit also acts as a resource to department staff on labor relations matters which arise during the term of any contract.

18. Administrative Services Branch

Objective

To provide efficient administrative support services to the Program Branches of the Department. This is achieved by centralized processing and coordination of:

- budgeting,
- accounting,
- procurement and stockroom services,
- government vehicles,
- space requirements,

- central mail sortation and records retention, and
- recoveries from the federal government under federal sharing programs.

An additional objective is to provide support and control functions on behalf of the Deputy Minister. This is done through administrative policy development, liaison with central government agencies, and advise concerning Health expenditures and budgets.

19. Human Resources Branch

Objectives

To provide a comprehensive range of human resource services including staff development, labour relations, staffing, benefits administration, classification and records management to individual

employees and client branches to assist them in meeting the goals and objectives of Saskatchewan Health.

Activities and Services

Human Resource Administration

Human resource officers provide employee relations services to the department by interpreting collective agreements and personnel policies; participating in the collective bargaining process; assisting with grievance resolution and representing management at various stages of the grievance process. In addition, they advise managers on cases requiring corrective discipline, utilization of the employee assistance program, performance management, etc.

Human Resource Branch advises on organizational design including advising on the classification and compensation implications of various organizational options. Administrators draft job descriptions, recommend classification levels to the Public Service Commission and process requests.

The branch contributes to the staffing process by assisting in the development of advertisements and critical factors; by preparing and submitting all

required documentation to the Public Service Commission. Human Resources shares with the Public Service Commission, responsibility for competitions for certain professional positions such as Public Health Nurses, Audiologists and Speech and Language Pathologists. Following certification Human Resources makes formal offers of appointment, administers relocation policies and processes all signing on documents.

Human Resources administers the benefit plans for health employees; provides career counselling to employees and outside applicants; co-ordinates employment equity initiatives; maintains all employee records including personnel files, vacation and sick leave entitlements; and maintains positions establishment and vacancy reports.

Staff Development

The objectives of the Department's staff development programs are: to improve the efficiency and economy of operations through the development of a well trained staff; to assist employees in achieving their highest potential; and to promote employee participation in self-development activities.

All new employees are given the opportunity to attend the Saskatchewan Health Orientation Conference. The conference enables the new

employee to become acquainted with key personnel and familiar with the major programs of the Department. During 1986-87, the two conferences were attended by 35 staff members.

During 1986-87 the Department introduced a performance management training program "Managing Human Performance." This program is designed to provide managers with the necessary skills to effectively evaluate the performance of their staff. All personnel in the out-of-scope management

and professional class were requested to attend this course. A total of 242 employees attended the 12 courses offered with the assistance of eight specially trained facilitators from the Human Resources and other Health branches.

The Department also participated in the following training and development opportunities offered by the Saskatchewan Public Service Commission:

	No. of participants
Educational Leave	15
Senior Management Development courses	62
Administrative Development Diploma program	7
Government-wide staff training courses	288

In addition, the Department offers an "Introduction to Supervision" and three management development courses. Each course is a three-day

session, involving films, lectures, case studies, programmed instructional materials and discussions. The courses are designed to promote first-line supervisory and management leadership skills. During 1986-87, the 14 courses were attended by 202 employees.

A consumer relations course was developed in 1985-86 to promote effective communication between all Saskatchewan Health personnel and health consumers. During 1986-87, seven facilitators were trained, and the eight courses offered were attended by 140 employees.

Special presentations are conducted in response to emerging needs within and outside the Department. Also, a wide variety of specialty training opportunities are made available to employees as required by their branches.

Training of Health Personnel

Bursary Program

The bursary program assists students training in selected health professions in which a scarcity of qualified personnel exists.

The program is financed through funds received from the Student Assistance and Student Aid Fund of the Department of Advanced Education and Manpower. These funds are, in turn, awarded by Saskatchewan Health and the program is administered by the Human Resources Branch.

The bursary program is open to the general public and employees of this Department. The types of training for which bursaries are provided are advertised in all provincial daily newspapers. Applications are then screened and all applicants eligible for the bursary program are interviewed by a Bursary Selection Committee. In return for financial assistance, bursary recipients agree to work for a stipulated time for Saskatchewan Health, or in a position within the Province approved by the Minister of Health.

With the exception of public health nurses, bursary recipients are required to provide two years of service for the first year of assistance and one year of service for each subsequent year of assistance. Public health nurses provide one year of service for each year of assistance. Recipients who default on their service commitment, must repay monies awarded, plus interest.

Bursary recipients are awarded funds for tuition fees, a textbook allowance, travel to and from the location of training (once), plus a monthly living allowance.

Table 44 page 73, shows the distribution of bursary students at universities and institutes of technology during the 1985/86 and 1986/87 fiscal years.

Dental Specialists Bursary Program

In 1966, the Department introduced a bursary program. This program is designed to encourage dentists to study specialties, which are in short supply and to return to the Province upon completion of their training.

Assistance consists of the payment of registration and tuition fees, plus a monthly living allowance. A service commitment is required upon completion of training.

During the period 1966 to March 31, 1987, a total of 49 dentists received assistance under this program. Forty-six of these dentists have graduated, two are currently studying, and one has discontinued studies and has repaid all funds.

The following table illustrates the amount of service commitment completed by graduates of the program.

Total Graduates	46
Service Completed	21
Currently Serving	6
Partial Service	1
No Service	18
Service Deferrals	0

Seventeen of the 21 dentists, who completed their service commitments, are still practising in the Province.

The specialties of the 17 dentists still practising in the Province are as follows: Dental Oral Surgery (2); Orthodontics (7); Paedodontics (1); Periodontics (4); Endodontics (1); Prosthodontics (1); and Oral and Maxillofacial Surgery (1).

The six dentists currently serving their commitment have specialized in prosthodontics, orthodontics, endodontics, paedodontics and oral medicine.

Dental Establishment Grants

A Dental Establishment Grant program designed to encourage dentists to establish a first-time practice in a Saskatchewan community, other than Regina and Saskatoon, has been in operation since

1976-77. The need for this program has diminished since its inception and consequently, there have not been any new grants approved since 1982-83. However, payments in the amount of \$1,000 continue to be made on a quarterly basis to dentists who were awarded grants prior to 1983-84, who are still in practice and have not received the full amount of their grant. As of March 31, 1987, there were two of these dentists practising at the following locations: Meadow Lake and Spiritwood.

Table 44: Bursary Students, Saskatchewan, 1985-86 and 1986-87

Area of Study	Students Continuing		New Students	
	1985-86	1986-87	1985-86	1986-87
Total	51	56	28	34
Clinical Psychology	0	1	0	0
Dentistry:				
Postgraduate	4	2	1	0
Medical Social Work	1	1	1	0
Nuclear Medicine Technology	3	2	1	1
Nursing:				
Public Health	2	0	0	0
Postgraduate	2	1	1	0
Occupational Therapy:	13	18	9	14
Postgraduate	0	1	1	0
Orthoptics	1	1	1	0
Physical Therapy:	12	14	6	4
Postgraduate	2	1	0	0
Prosthetics & Orthotics	1	1	0	3
Public Health Inspection	3	5	2	4
Respiratory Technology	2	2	1	1
Speech Pathology & Audiology	2	1	1	4
Chiropody	1	1	0	2
Gerontology:				
Postgraduate	1	1	0	1
Interior Design:				
Postgraduate	1	1	1	0
Postgraduate Medical	0	2	2	0

Appendix: Summary of Legislation

Three major pieces of new legislation were introduced during the year.

The Home Care Act received Royal Assent in July, 1986 and came into force on August 1. The Act provides a clear legislative base for the establishment of home care districts and for the funding and operation of home care services. The Act emphasizes the importance of co-ordination between home care and other services, the role of volunteers, and the potential of home care to play a stronger and wider role in the future.

The Ambulance Act received Royal Assent in July, 1986 but proclamation was deferred until the necessary regulations to accompany the Act could be developed. The Act consolidates provisions currently scattered through several statutes and provides a stronger and clearer basis in law for all aspects of ambulance services. Major areas covered include the establishment of ambulance districts and boards, the licensing of emergency medical personnel and ambulance operators, and standards for ambulance services.

The Wascana Rehabilitation Centre Act received Royal Assent and came into force on May 14, 1986. The Act was passed in recognition of the fact that as a comprehensive new rehabilitation facility, the Centre was not adequately covered by existing hospital legislation. The Act provides for the appointment of a separate board of governors with powers and responsibilities appropriate for the development and operation of the Wascana Rehabilitation Centre.

During the year minor amendments were also made to **The Change of Name Act**, **The Lloydminster Hospital Act, 1948**, and **The Saskatchewan Medical Care Insurance Act**.

Acts Administered by Saskatchewan Health

The following is a list of Acts which the Department is directly responsible for administering:

The Abandoned Refrigerator Act
The Anatomy Act
The Change of Name Act
The Dental Care Act
The Department of Health Act
The Health Services Act
The Hearing Aid Act
The Hospital Revenue Act
The Hospital Standards Act
The Housing and Special-care Homes Act
The Medical and Hospitalization Tax Repeal Act
The Mental Health Services Act
The Mutual Medical and Hospital Benefit Associations Act

The Prescription Drugs Act
The Public Health Act
The Saskatchewan Health Insurance Act
The Saskatchewan Hospitalization Act
The Union Hospital Act
The Venereal Disease Prevention Act
The Vital Statistics Act

Acts in Which Saskatchewan Health has a Direct Interest

The Alcohol and Drug Abuse Commission Act
The Cancer Foundation Act
The Chiropody Profession Act
The Chiropractic Act
The Community Health Unit Act
The Dental Profession Act, 1978
The Dental Technicians Act
The Dental Therapists Act
The Denturists Act
The Emergency Medical Aid Act
The Health Research Act
The Home Care Act
The Human Tissue Gift Act
The Lloydminster Hospital Act, 1948
The Medical Care Insurance Supplementary Provisions Act
The Medical Profession Act, 1981
The Medical Scholarships and Bursaries Act
The Naturopathy Act
The Ophthalmic Dispensers Act
The Optometry Act, 1985
The Osteopathic Practice Act
The Pharmacy Act
The Physical Therapists Act, 1984
The Professional Dietitians Act
The Psychiatric Nurses Act
The Registered Nurses Act, 1978
The Registered Occupational Therapists Act
The Registered Psychologists Act
The Saskatchewan Embalmers Act
The Saskatchewan Medical Care Insurance Act
The South Saskatchewan Hospital Centre Act
The Tuberculosis Sanatoria and Hospitals Act
The University Hospital Act
The Wascana Rehabilitation Centre Act
The White Cane Act
The X-Ray Technicians Act